The following recovery story is taken from the Strengths Model Case Management team at Pawnee Mental Health Center which illustrates the incorporation of multiple aspects of evidence based case management practice. The person involved was excited about having her story told. Her name has been changed for the purposes of this article.

Jean's History

Jean began services with Pawnee Mental Health Center in 1999, but was very suspicious about engaging in services. Jean experienced distressing auditory hallucinations, had a significant alcohol addiction, and a long history of abuse. During her first five years in services she made little progress in her recovery, and continued to periodically make suicide attempts and frequently use crisis and in-patient hospital services. Every ninety days, her treatment plan would be updated with only continuation of goals related to stabilization (i.e. stay out of the hospital, reduce suicidal thoughts, attend psychosocial treatment groups, and take medications).

Evidence Based Practice Case Management: Strengths Assessment and Group Supervision - Partnering for Success:

When the strengths based case management team was formed at Pawnee in 2004, Jean's current case manager, Kelly Lowe, decided to discuss her situation during group supervision, to get some ideas on how to proceed working with her. The strengths assessment from the chart was an older one completed by a former case manager, which focused more on the things that were going wrong with Jean rather than detailing any of her actual strengths. There was also hardly anything completed on the middle column of the strengths assessment, which listed any of Jean's desires or aspirations.
The first group supervision was based mostly on how to turn the focus for Jean toward recovery. The term was not something Jean was familiar with nor had experienced in her life. The group gave Kelly ideas on how to engage with Jean encouraged her to begin a new strengths assessment.

Initially, Jean did not have anything she wanted put down in the aspirations section of the strengths assessment. She did talk with Kelly though about the importance of being a good mother. Kelly took this as an opportunity to engage with her around this area. Helping Jean become a good mother became the primary service goal and all other goals (staying out of the hospital, getting sober, taking medications, reducing suicidal thoughts) were placed in the context of how they helped Jean achieve her passionate goal of being a good mother. Kelly would bring Jean back up in group supervision to get more ideas on how to help her.

Jean finds her niche

While Kelly brought many ideas back from group supervision to discuss with Jean, the one that she found the most interesting was the Wellness Recovery Action Plan (WRAP). Jean saw WRAP as something that gave her some structure about keeping well and most important it was something that she directed and was filled with specific things already going on in her life that were natural strengths (i.e., her family and other friends that she has in the community, playing bingo out in the community, spending time with her daughter, leadership qualities, and outgoing personality). By taking care of herself, Jean was able to be a better support for her daughter.

While Jean never liked any of the psychosocial groups at Pawnee, she took interest in participating in the newly formed WRAP group at the center. Outside of the group, Kelly continued to help her further develop her strengths assessment and use this information to add to her WRAP plan. With the help of Kelly, Jean was starting to broaden her support network beyond the mental health center and as a result her hospitalizations, alcohol usage, and suicide attempts were decreasing substantially. Jean was doing so well in the WRAP group that she was asked to co-facilitate the group. This continued to shift her outlook on recovery not just inwardly toward herself, but how she could help others make progress in their own recovery.

Jean started to add more things to the aspiration section of her strengths assessment (i.e. wanting to go to work and go to school) and together they starting developing personal plans to help her accomplish her goals. After looking a several options, Jean decided that she wanted to start the Consumer As Provider (CAP) program through the University of Kansas School of Social Welfare. In addition to participating in CAP, Jean also started working as a facilitator for NFMH screens for continued stay.

Jean Today

It has been over a year now since Jean last went into the hospital and she has also remained sober during this time as well. Jean has taken an active role in her own recovery journey in addition to taking an active role in her daughter’s life. Kelly, her case manager, always recognized Jean as being a good mother, but now Jean recognizes that as well. She now sees that she has something to live for, but now holds the hope
that things can be better for her and her daughter. Jean plans on speaking at this year's Recovery Conference to tell others about her story of hope and courage.

**Lessons from this story!**

1) **Focus on the client's passions** – While people do experience problems, challenges and difficulties in life, we always need to keep focused on what brings meaning, purpose and value to people’s lives. This does not mean that we ignore problems, but strengths-based practice continuously looks for possible internal motivators that might serve as a foundation for a person to take an active role in his or her own recovery. In this story, placing “being a good mother” at the center of the helping process served as the “passion statement” and all interventions were focused around this goal of Jean’s.

2) **Even if people do not immediately articulate their current or future passions, understand that it is process of drawing forth the person’s potential.** When initially doing the strengths assessment with Jean, she didn’t have anything she wanted put down in the middle (desires, aspirations) section. Jean had lost hope in her life and did not express what she really wanted. Through persistent, continual engagement, the case manager, Kelly, hung in there with Jean and finally found something that Jean could express that was important to her. It was Kelly's belief that recovery was possible that allowed her to patiently move at Jean’s pace, while staying attentive to anything Jean said that could serve as a building block for recovery.

3) **The power of group supervision.** When Kelly started working with Jean, she believed in her, but did not know exactly where to start. By bringing the situation up in group supervision, her team members were able to help her creatively thinking of ways to engage with Jean and stay focused on her strengths. Kelly re-presented Jean at various points in her recovery journey, to gather more ideas to help her move forward. What should be pointed out here is that when Jean was being presented at group supervision, this helped other team members gather ideas for people they were working with in similar situations.

4) **The strengths assessment can be a powerful recovery tool for people.** Jean had done strengths assessment with a previous case manager, but it looked more like paperwork than a recovery tool. Kelly used the strengths assessment as an ongoing tool that was continuously updated and used in the context of what was going on with Jean at that particular time. Initially the strengths assessment served as a tool for generating hope and helping Jean to see that already possessed many strengths and competencies. It was also used to help Jean think about what was most important to her in her life. Later on it was used to help Jean think about ways she could take care of herself and develop her WRAP plan. Even later it was used to help Jean think of supports that would help her go back to school and work.

Please feel free to contact the Strengths Case Management Trainer/Consultant at KU: Rick Goscha or call (785) 864-4720 for further information.
People, Places and Events

There are still a few more trainings left, particularly in western Kansas. Please log onto: http://www.socwel.ku.edu/mentalhealth/Spring%202005%20Trainings/Spring%202006.htm

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