

THE PURPOSE OF HELPING IN THE STRENGTHS MODEL

TO WORK WITH INDIVIDUALS, FAMILIES, (SERVICE PARTICIPANTS), GROUPS, ORGANIZATIONS AND COMMUNITIES, WITHIN THE CONTEXT OF A COLLABORATIVE, MUTUALLY ENRICHING AND RESPECTFUL PARTNERSHIP, TO IDENTIFY, SECURE, AND SUSTAIN THE RANGE OF RESOURCES, BOTH EXTERNAL AND INTERNAL, NEEDED TO ACCOMPLISH PERSONAL GOALS AND TO EXPERIENCE SOCIAL WELL BEING IN A NORMALLY INTERDEPENDENT MANNER AS A FULLY ENGAGED MEMBER OF THE COMMUNITY.

KEY CONTRASTS INHERENT IN THIS STATEMENT

Helping another human being vs. "treating" a patient or client

Viewing people as active participants in the process vs. passive, dependent, compliant patients or clients.

Blending stakeholder agendas, compromise, negotiation vs. unilateral prescription of Tx plan. Power with another vs. power over another. Power sharing.

The constant challenge of sustaining gains vs. notion of just maintenance or palliative care.

Focus on resources, "supplies" vs. focus on provision of formally constituted services.

Initial focus on the social, the person's external desires and needs vs. an initial focus on the internal or "intra-psychic" desires and needs, with the realization that these two realities constantly interact in dynamic formulation.

Outcomes are identified in terms of observable, measurable behaviors and achievements involved in living life each day vs. in terms of abstract constructs such as self-actualization, self-sufficiency, self-esteem, etc.

Emphasis on interdependence and responsibilities of citizenship vs. independence and patient's rights.

THE SIX PRINCIPLES OF STRENGTHS-BASED, RECOVERY-ORIENTED PRACTICE

1. THE *INITIAL FOCUS* IN THE HELPING RELATIONSHIP IS UPON THE PERSON'S STRENGTHS, DESIRES, INTERESTS, ASPIRATIONS, EXPERIENCE, ASCRIBED MEANING, TALENTS, KNOWLEDGE, RESILIANCY, NOT ON THEIR DEFICITS, WEAKNESSNES, OR PROBLEMS/NEEDS AS PERCEIVED BY ANOTHER.
2. EACH PERSON IS RESPONSIBLE FOR HIS/HER OWN RECOVERY...THE PARTICIPANT IS THE DIRECTOR OF THE HELPING EFFORTS...WE SERVE AS CARING COMMUNITY LIVING CONSULTANTS, THE HEALING PROCESS TAKES PLACE ON MANY LEVELS.
3. ALL HUMAN BEINGS HAVE THE INHERENT CAPACITY TO LEARN, GROW, AND TRANSFORM. THE HUMAN SPIRIT IS INCREDIBLY RESILIAN. PEOPLE HAVE THE RIGHT TO TRY, TO SUCCEED, AND TO EXPERIENCE THE LEARNING WHICH ACCOMPANIES FALLING SHORT OF A GOAL.
4. THE HELPING RELATIONSHIP *BECOMES* ONE OF COLLABORATION, MUTUALITY, AND PARTNERSHIP. POWER WITH ANOTHER, NOT POWER OVER ANOTHER.
5. WORKING WITH PEOPLE IN NATURAL SETTINGS IN THE COMMUNITY IS THE PREFERRED VENUE FOR HELPING.
6. THE ENTIRE COMMUNITY IS VIEWED AS AN OASIS OF POTENTIAL RESOURCES NOT AS AN OBSTACLE. NATURALLY OCCURRING RESOURCES ARE CONSIDERED AS POSSIBLITY FIRST, BEFORE SEGREGATED FORMAL SOCIAL SERVICE OR MENTAL HEALTH PROGRAMS.

Walter E. Kisthardt, Ph.D., Professor, Director of MSW program; Park University. 816-584-6596 wkisthardt@park.edu

***THE SEVEN CORE HELPING FUNCTIONS
STRENGTHS-BASED SOCIAL WORK PRACTICE***

ENGAGEMENT: Activities and responses specifically designed to promote the development of a collaborative, reciprocal helping partnership.

GRADUATED DISENGAGEMENT: Activities and responses specifically designed to incorporate naturally occurring helpers/resources into the individualized community living plan.

ASSESSMENT: Eco-systemic: Multi-theoretical, Strengths-based, person-centered. Data focused on what people currently have going for them in all life domains; what their personal desires are relative to each of these domains; and how they have experienced outcomes in these areas in the past. The data gathering is focused on each person's unique desires, aspirations, and WANTS (motivation).

COLLABORATIVE PLANNING: Actively identifying with person the NEEDS related to personal goals that have been identified in the assessment. It is in the planning stage that activities related to personal deficits, problems, and symptoms (such as taking medication as prescribed) are identified and mutually negotiated.

IMPLEMENTATION: Collectively activating the plan, primarily through the sub-functions of **ADVOCACY AND LINKAGE**. The Generalist helping process has at its core the goal of increasing access to resources and promoting supportive connections in the community.

MONITORING/EVALUATION: Meeting with service participants and resource providers at regular intervals to identify progress, modify, adjust and build on the plan, and to honor the learning that occurs in the recovery process.

SUPPORTIVE COUNSELING: Providing information, ideas, affirmation, validation, gently challenging, providing caring encouragement, instilling hope, honoring one's cultural world view, and embracing spontaneous celebration, joy and humor. When psychotherapy is indicated the "generalist" engages in linkage and advocacy to secure this resource as an important component of the personal wellness plan.

** note that this framework does not include "INTAKE" the initial meeting that focuses on identified problems, needs as perceived by the evaluator, medical diagnosis, and data supporting medical necessity. Where the intake worker/diagnostician is going to be the same person who will assume the case management role, we have identified strategies to incorporate the medically based intake with strengths-based case management. They are not mutually exclusive.

Walter E. Kisthardt, Ph.D. MSW Park University Social Work Program wkisthardt@park.edu

PERSON CENTERED STRENGTHS ASSESSMENT

Participant _____ Case Manager _____
Date _____ Gender M F D.O.B. _____

Housing/ A sense of "Home": Where are you living now?

What do you like about your current living situation?

What things don't you like about where you are living now?

For now, do you want to remain where you are, or would you like to move?

Describe the housing situation you have had in the past that has been the most satisfying for you.

Transportation/ Getting Around: What are all the different ways you get to where you want or need to go?

Would you like to expand your transportation options?

What are some of the ways you have used in the past to get from place to place?

If you could travel anywhere in the world, where would you go? Why?

(Use back to elaborate)

PERSON CENTERED STRENGTHS ASSESSMENT

Financial/Insurance: What are your current sources of income, and how much money do you have each month to work with?

What are your monthly financial obligations?

Do you have a guardian, conservator, or payee to help you with your finances?

What do you want to happen regarding your financial situation?

What was the most satisfying time in your life regarding your financial circumstances?

Vocational/Educational: Are you employed full or part time currently? If so describe where you work and what you do at your job.

What does your job mean to you? If you do not have a job now, would you like to get one? Describe why you would or would not like to get a job at this time.

What activities are you currently involved in where you use your gifts and talents to help others?

What kinds of things do you do to make you happy and give you a sense of joy and personal satisfaction?

PERSON CENTERED STRENGTHS ASSESSMENT

If you could design the perfect job for yourself what would it be? Indoors or outdoors? Night or day? Travel or no travel? Alone or with others? Where there is smoking or no smoking? Where it is quiet or noisy?

What was the most satisfying job you ever had?

Is it harder for you to **get** a job, or harder for you to **keep** a job? Why do you think this is so?

Are you currently taking classes that will lead to a degree or taking classes to expand your knowledge and skills?

What would you like to learn more about?

How far did you go in school? What was your experience with formal education?

What are your thoughts and feelings about returning to school to finish a degree, learn new skills, or take a course for the sheer joy of learning new things?

Do you like to teach others to do things? Would you like to be a coach or mentor for someone who needs some specialized assistance?

PERSON CENTERED STRENGTHS ASSESSMENT

Social Supports, Intimacy, and Spirituality: Describe your family.

What are the ways that members of your family provide social and emotional support for you, and help to make you feel happy and good about yourself?

Is there anything about your relationships with family that make you feel angry or upset?

What would you like to see happen regarding your relationships with family?

Where do you like to hang out and spend time? Why do you like it there?

What do you do when you feel lonely? Do you have a friend that you can call to talk to or do things with? If not, would you like to make such a friend?

Do you have the desire to be close to another in an intimate way? Would you like to have this type of relationship?

What meaning, if any, does spirituality play in your life? If this area is important to you, how do you experience and express your spiritual self?

PERSON CENTERED STRENGTHS ASSESSMENT

What are your thoughts and feelings about nature?

Do you like animals?

Do you have a pet?

If not, would you like one? (If so, describe)

Have you ever had a pet? (Elaborate)

Health: How would you describe your health these days?

Is being in good health important to you? Why or why not?

What kinds of things do you do to take care of your health?

What are your patterns regarding smoking? Using alcohol? Using caffeine? What effect do these drugs have on your health?

What prescription medications are you currently taking? How do these medications help you?

How do you know when you are not doing too well? What is most calming and helpful for you during these times?

What limitations do you experience as a result of health circumstances?

What do you want and believe that you need in the area of health?

PERSON CENTERED STRENGTH ASSESSMENT

Leisure time, Talents, Skills: What are the activities that you enjoy and give you a sense of satisfaction, peace, accomplishment, and personal fulfillment?

Would you like the opportunity to engage more frequently in these activities?

What are the skills, abilities, and talents that you possess? These may be tangible skills such as playing a musical instrument, writing poetry, dancing, singing, painting, etc. or intangible gifts such as sense of humor, compassion for others, kindness, etc.

What are the sources of pride in your life?

Are there things you use to do regularly that gave you a sense of joy that you have not done in recent years?

Which of these activities would you consider re-discovering at this time in your life?

Prioritizing: After thinking about all of these areas of your life, what are the two personal **DESIRES** that are most meaningful for you at this time?

STRENGTHS-BASED, PERSON-CENTERED
ASSESSMENT RELATING TO DECISION TO USE SUBSTANCES.

Participant: _____ I.D. _____

Date: _____ Primary Counselor/Therapist/CM _____

Gender ___M ___F D.O.B. _____ Years since initial diagnosis _____

Number of previous admissions for substance abuse treatment _____ highest grade

completed in school _____ previous involvement with criminal justice system ___Y___N

Current involvement with criminal justice system ___Y___N

In your own words, describe the circumstances leading to your being here at this time.
(use back if necessary)

What is your drug of choice? What is it about this substance that most appeals to you?

When you reflect upon your use of substances, what are the things that motivate you to decide to use?

Describe your patterns of use...for example, what time of day, alone or with others, at a bar, home, or somewhere in the community, etc.

What happens to your mood and behavior when you use?

Why have you decided not to stop using before now?

What are the things that you do in your life that help you to feel good about yourself and happy that do not involve use of substances?

What would you stand to gain if you decide to stop using?

What do you stand to lose if you stop drinking?

Who are the most important people in your life?

What are the three most important material possessions in your life?

What are the things you are most afraid will happen if you stop using?

What are the things you are most afraid will happen if you continue to use?

What are the three things that are most important for someone to know about you in order to better assist you in getting what you want and need in your life.

What are the three barriers or obstacles that must be overcome for you to achieve your goal of daily sobriety?

Please add any other information that you believe is important in better understanding you and your situation.

PERSONAL WELLNESS TREATMENT AND RECOVERY PLAN

Participant: _____

Primary Counselor/Therapist _____

Participant's Aspiration: *(Motivation....may be concrete or abstract):*

Intermediate Concrete Goal related to Aspiration: *(three to six months)*

Short-Term Goals: *(What NEEDS to get done to accomplish above?)* _____

GOAL/TASK/OBJECTIVES _____ **TARGET DATE /// DATE ACHIEVED**

PARTICIPANT

DATE

PROVIDER

DATE

(Use back for progress note)

**Take Home
Assignment Required
for
Person Centered Case
Management
Certification**

Six additional CEU hours awarded upon completion of Certification

Required assignment to complete the required 12 contact hours of training

To be certified as a Person Centered Case Manager (PCCM) you must complete the Addictions and Prevention Services (BHS) 12 hour training curriculum and submit required forms for review and approval. Licensed treatment facilities that are billing for case management services funded by the SAMHSA/SAPT block grant are required to have those services performed by a BHS certified PCCM. A copy of the PCCM certification must be maintained in the employee's personal file and may be subject to review by the BHS's licensing agent or by the managed care entity.

To complete the BHS training curriculum for PCCM certification you must attend and participate in a one day workshop by an BHS approved trainer (6 contact hours) and complete a case study to earn 6 CEU's and certificate following application.

The workshop training packet contains several documents that will be the focus of the case study.

- *THE PURPOSE OF HELPING IN THE STRENGTHS MODEL*
- *THE SIX PRINSIPLES OF THE STRENGTHS MODEL OF PCCM*
- *SEVEN CORE FUNTIONS OF STRENGH –BASED , PERSON CENTERED CASE MANAGEMENT*
- *PERSON CENTERED STRENGTHS ASSESSMENT*
- *STRENGTH BASED PERSON –CENTERED ASSESSMENT RELATING TO DECISION TO USE SUBSTANCES*
- *PERSON-CENTERED /COMMUNITY BASED WELLNESS/RECOVERY PLAN*

Directions for Case Study

The purpose of the case study is to give you practice using the tools you have learned from the workshop and to demonstrate competency in applying the usage of those tool with a case management participant.

The assignment that will need to be completed and submitted for review to receive your PCCM certification is as follows:

1. Obtain a volunteer from treatment or the community that will participate as the case management client. Explain the purpose of the volunteer's involvement and assure the volunteer that their confidentiality will be protected. In the event that you are not able to find a volunteer that is willing to share their actual life experience you may role play the case study with another PCCM applicant or work peer. If this is the way you do the assignment the volunteer must take on the role of a treatment participant and create a profile of a person with SUDs that is seeking services.

2. Read through the tools inserted in the training packet and listed above prior to starting the case study as you will be demonstrating the core functions and principles of the strengths model of Person Centered Case Management in the case study.
3. Complete the PERSON CENTERED STRENGTHS ASSESSMENT with the Volunteer participant.
4. Complete the STRENGTH BASED PERSON –CENTERED ASSESSMENT RELATING TO DECISION TO USE SUBSTANCES with the volunteer participant.
5. Assist the volunteer participant in developing a PERSON-CENTERED /COMMUNITY BASED WELLNESS/RECOVERY PLAN (remember to use the participant’s wording as much as possible).
6. Write a short paper (Double spaced, 12 pt font, and not more than 4 pages) regarding:
 - How you included the principals and core functions in the wellness plan development.
 - How the strength based assessment tools were used in the wellness plan development.
 - What you experienced and gained from completing this case management case study assignment.
7. Submit a copy of these items:
 - Assessments, wellness plan and paper reviewed and signed by your supervisor.
 - Visit:
http://www.kansasbehavioralhealthservices.org/Bhs1.0/Providers/Licensing_Certification/Person_Centered_Case_Management_Certification.aspx to complete application packet.

IMPORTANT: For confidentiality purposes remove any names or other information that would identify the participant.

Your certificate as a BHS Person Centered Case Manager will be mailed to you upon completion and approval of assignments and application along with your additional 6 contact hours you earn completing the take home material.

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Participant _____ **Case Manager** _____
Date _____ **Gender** **M** **F** **D.O.B.** _____

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Primary Counselor/Therapist _____

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Short-Term Goals: (What NEEDS to get done to accomplish above?)

GOAL/TASK/OBJECTIVES **TARGET DATE /// DATE ACHIEVED**

PARTICIPANT DATE PROVIDER DATE

(Use back for progress note)



APPLICATION FOR INDIVIDUAL CERTIFICATION/APPROVAL

Indicate type of Approval/Certification you are applying for
(Please Print Legibly)

One Application per certification /approval

Please check if you are applying for a: Person Centered Case Management
Peer Mentor in Training Peer Mentor KS Certified Gambling Counselor Level I
KCGC Level II KCGC Provisional

My current certification expires on: _____ Date of Birth: _____

Education Level: _____

Legal Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Telephone: _____

Office/Work Address: _____ City: _____ County: _____ State: _____ Zip: _____

Office/Work Telephone: _____ Fax: _____

Name of program you work for *if applicable*: _____

Mailed Communication Information

If certificate should go to a different location other than the home address, designate the mailing address.

Address: _____
City: _____
State: _____ Zip: _____

Electronic Communication

Please provide an email address to receive emails from the State.

Email: _____

Individual services are available in the following languages:

Please check all those that apply for the Individual listed above.

- Spanish Korean American Sign Language (ASL) Other: (Please specify) _____
 Vietnamese

*Application Help Guide on next page

Please return the completed application with all required materials to:

Charles.bartlett@ks.gov **Or** Fax 785-296-0256 **Or**
KDADS
SUD Behavioral Health Services / Attention: Charles Bartlett
503 S. Kansas Avenue
Topeka, KS 66603-3404

APPLICATION Help Guide

Materials Required for CERTIFICATION/APPROVAL

(For Peer Mentor, Peer Mentor in Training, Person Centered Case Management)

- Application
- A copy of Licenses and/or Credentials
- Copies of applicable training certificates
- Copy of Diploma or College transcript
- Documentation of work experience
- Applicable (KCPM,PCCM,KPMT)Signed Code of Ethics
- Merit of public trust
- Affirmation

Please return the completed application with all required materials to:

charles.bartlett@ks.gov Or

KDADS

SUD Behavioral Health Services / Attention: Charles Bartlett

503 S. Kansas Avenue

Topeka, KS 66603-3404

ATTAINMENT OF CERTIFICATION.

BHS staff will initially review each application for completeness and eligibility, and then take the following steps: The names of applicants whose applications are deemed by staff to be complete and are otherwise eligible for certification will be placed on a list for distribution to BHS reviewing staff. The lists will be reviewed by BHS Staff to ensure that all candidates presented for credentialing are appropriate.

Applications deemed eligible by staff will be notified as such. Those deemed ineligible will receive a letter explaining reasons for ineligibility, sent by the BHS staff requesting additional information. Those deemed by staff to have any questionable item as to eligibility will be referred for further staff review.

Before you begin to complete the application materials enclosed herein, please read all instructions and information

Answer all questions completely and accurately. The burden of proof in satisfying to the BHS certification review staff that you are eligible for the certificate is upon you. Thus, if you have been convicted of a felony or if there have been other past or current events that potentially raise questions about your ability to merit the public trust; you may be required to provide further explanation of these matters.

Please allow 15-30 days for review of your application. Applications received at our office are considered "valid" for a period of 120 days.

MERIT OF PUBLIC TRUST: ALL MUST COMPLETE

Please answer the following questions. Note: If the answer to any of the items 1 through 11 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives specific details including disposition of the matter. A "yes" answer will not automatically exclude you from certification.

1. Have you ever been charged with or convicted of a felony or misdemeanor (including Driving Under the Influence convictions) other than a traffic violation? Yes ____ No ____

2. Have you ever had a complaint filed with a professional association or a counselor certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes ____ No ____

3. Have you used any alcohol, narcotic, barbiturate, other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes ____ No ____

4. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including alcohol/drug addiction or dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? Yes ____ No ____

5. Have you gambled in a manner which would reflect adversely on the credibility and integrity of the profession in the past 2 years? Yes ____ No ____

6. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes ____ No ____

7. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes ____ No ____

8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes ____ No ____

9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes ____ No ____

10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes ____ No ____

11. Have you ever been found guilty of or liable for fraud, deceit in connection with services rendered as a behavioral health provider by a civil or criminal court of law or board of a professional organization? Yes ____ No ____

*I certify the information provided here is true and correct. I understand that falsification can result in denial of application or revocation of certificate.

Applicant Signature _____ Date _____

Printed name of Applicant _____