Strengths Model Case Management

Presenters:
Dr. Emily Tsoi, Department of Psychology, HKU
Ms. Sau-kam Chan, Senior Service Coordinator, Baptist Oi Kwan Social Services
Mr. Stephen Wong, Senior Social Work Supervisor, Caritas
Ms. Eppie Wan, Senior Supervisor, Tung Wah Group of Hospitals, Wong Chuk Hang Complex

Overview of Presentation

1. What makes SMCM special? A case in point.	Emily Tsoi
2. SMCM application in Hong Kong	Stephen Wong
3. Prerequisites or elements for SMCM implementation; and its sustainability	Eppie Wan
4. A controlled trial of SMCM in Hong Kong	Emily Tsoi
5. Stories from site: BOKSS supported hostel	Sau Kam Chan

SMCM: Background

SMCM

- Developed in the mid-1980s as a response to the traditional deficit-oriented approaches
- Can be viewed as a non-clinical way to manage mental health problems..”*everyday solutions for everyday problems*”
- Finding connection between self and others
- Both a philosophy of practice and a set of tools and methods designed to enhance ***personal recovery***

Two core tools:

- **1. Personal Recovery Plan,**
- **2. Strengths Assessment,**

Optional:

- **3. Personal Medicine**

Personal Recovery Plan

For _____

My goal (This is something meaningful and important that I achieve as part of my recovery):

Why this is important to me:

What will we do today?(Measurable Short-Term Action Steps Toward Achievement)	Who is Responsible?	Date to be Accomplished	Date Accomplished	Comments:

The goal listed above is something important for me to achieve as part of my recovery.	I acknowledge that the goal listed above is important to this person. Each time we meet, I will be willing to help this person make progress towards this goal.
My Signature Date	Service Provider's Signature Date

University of Kansas, School of Social Welfare – 2010

Personal Recovery Plan©
University of Kansas

Strengths Assessment©
University of Kansas

Strengths Assessment

for _____

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?
Home/Daily Living		
Assets - Financial/Insurance		
Employment/Education/Specialized Knowledge		
Supportive Relationships		

Table 1. The Assessment: Problem vs Strengths

Key idea	**Problem assessment**	**Strengths assessment**
Problem	Diagnosis of the problem. What is the cause? Why it is a problem?	Defines what the person wants, desires, aspires to, dreams of; the person's talents, skills, and knowledge.
Nature	Searches for the nature of client's problem from the professional perspective.	Gathers information from the standpoint of the consumer's view of their situation. The lived experience is acknowledged and appreciated.
Style/relationship	Problem assessment is usually an interrogative interview.	Strengths assessment is conversational and purposeful.it is based on a therapeutic alliance between the client and practitioner.
Focus	Focus on diagnosis and level of functioning.	Focus on the here and now, and the individual's personal toolkit. What has helped you to move on?
Perception	Views the client as lacking insight regarding behaviour or in denial regarding scope of problem/illness	Views persons as unique human beings who will determine their wants within self and environment.
Who is in control?	Clients become passive recipients for interventions as a result of provider's direct decision-making. Problem assessment is controlled by the professional	Clients involved in a partnership, providing encouragement, coaching and validation. Strengths assessment allows consumer authority and ownership over their own recovery process
Criteria	Problem assessment places the person in diagnostic or problem category and generalises the person	Strengths assessment is specific and detailed and individualises the person
Emphasis	Emphasises compliance and management of problems and needs with formal services	Explores the rejuvenation and creation of natural helping networks seen as a solution
Role of the practitioner	Problem assessment - the professional dictates, "What I think you need to learn/work on."	Strengths assessment - the professional asks "What can I learn from you?" How can I support you? The question is do I see possibilities as a practitioner?

(Key ideas adopted from Rapp & Goscha, 2011, Pulla, 2012 and Francis, 2013)

Francis, A. (2014). Strengths-based assessments and recovery in mental health: reflections from practice. *International Journal of Social Work and Human Services Practice*, *2*, 264-271.

What sets SMCM apart from other interventions? (Individual Level)

What it is:

- SMCM emphasizes the importance of personal goals
- Encourages positive risk taking
- Goals are prized and valued and is an important part of recovery
- Guided by clear fidelity standards

What it is not:

- Not to be used alone - meant to be a supplemental intervention
- Counselling technique

What sets SMCM apart from other interventions? (Systems Level)

What it is:

- Emphasize the importance of workplace/workforce change
- Teamwork in the progress of case management
- Group supervisions to come up with solutions for the clients
- Involve clients / family / staff of all levels

What it is not:

- Relying on several or even one ‘expert’
- Case managers adopt a goal-oriented working style

SMCM Application in Hong Kong

Mr. Stephen Wong

SMCM is a practical steps for Recovery

Recovery concept	SMCM practice
Self-directed	Determine the goals by self
Individualized	Tailor made intervention goals
Empowerment	Every assessments and recovery plans signed by the service users
Holistic	7 domains in community living to be explored , including past, present and future
Non-linear	Step by step process
Strength-based	Strength assessment, focus on usable strength and available community resources
Peer support	Peer support training, mutual group
Respect	Use of clients' own language
Responsibility	Personal recovery action plan clearly state the responsibility of client, workers and other people
Hope	Focus on hope inducing behaviors and environment

Why choose SMCM in HK mental health residential service setting?

- Evidence proof its outcomes on employment, hospitalization, accommodation and education
- Recovery oriented
- Community oriented
- Case ratio (prefer 1:20)
- Frequent contacts with clients
- Group supervision every week to discuss intervention plan for clients
- A well established model that everyone can do it
- Motivate clients for progress

What have we done in SMCM practice

- Skype meeting with Dr. Rick Goscha on supervisors' training
- Frontline workers' training : basic training, advance training, group supervision
- Peer support workers' training
- Carers training
- Training for professional workers
- SMCM Symposium
- Attachment Visit to Kansas
- Mentoring, group supervision, individual supervision

Elements for successful SMCM Implementation

Ms. Eppie Wan

A non-randomised controlled trial of SMCM in Hong Kong

Emily Tsoi

Objective

Using a 12 month non-randomised controlled trial design, to determine whether SMCM is effective in improving

1. client outcomes: recovery, hope, subjective wellbeing, work alliance, and recovery goals achievement compared to matched controls.
2. staff outcomes: burnout

Methods

Target participants: residents from 3 types of supported accommodations: supported hostel, halfway houses and long stay care home ← recruited by their case managers based on eligibility criteria

Data collection: pretreatment (month 0), month 4 ½ and month 12.

Personnel: Peers to administer questionnaires in all six participating sites

Analysis: JMP Pro 12, Mixed Modelling

Results

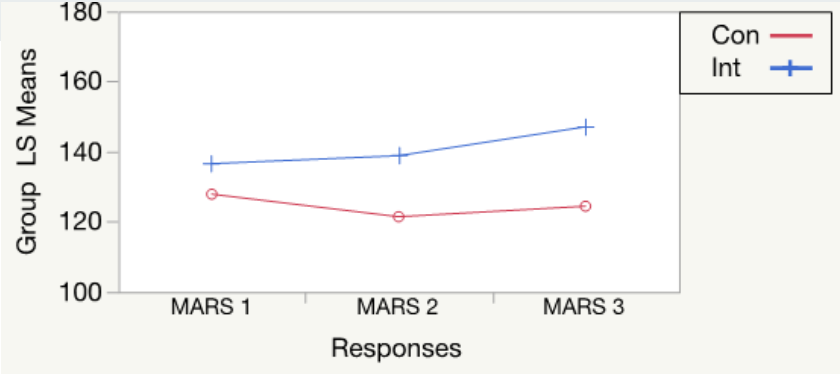
- Dropout: 15.7% users and 7% staff
- Some baseline differences noted: employment status and years since the first onset, but mixed modelling took into account the covariance information.
- For all missing data, they are considered missing at random (MAR); thus, all remaining values are retained by the mixed model

Main results:

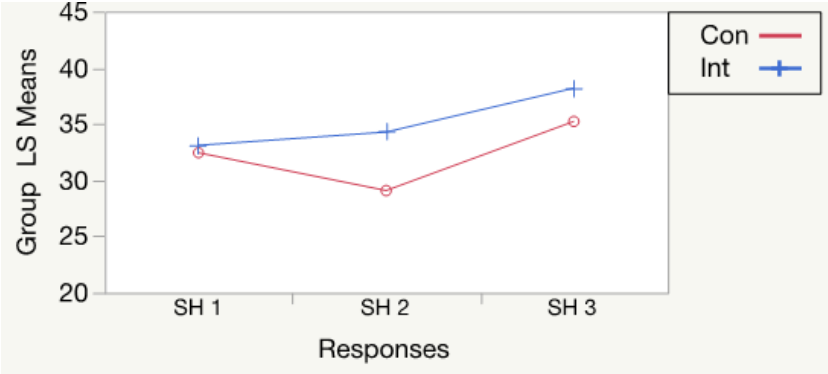
★ SMCM **effective in achievement of recovery goals; and alleviating of staff burnout** ($p<.05$)

★ Treatment setting with the **highest fidelity consistently outperform the matched control setting in most outcomes**

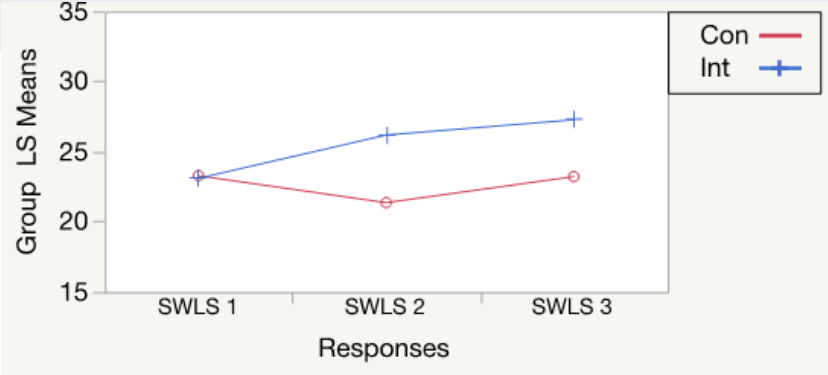
★ However, **null findings for all other outcomes**, and there was negative finding associated with psychiatric symptoms: Why



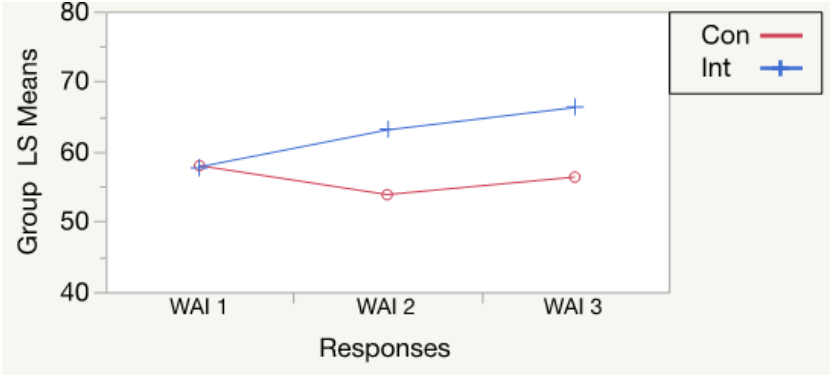
Least square mean plot of recovery scores over time (supported hostel)



Least square mean plot of state of hope over time (supported hostel)



Least square mean plot of subjective wellbeing scores over time (supported hostel)



Least square mean plot of work alliance scores over time (supported hostel)

Limitations

Relatively small sample size : lack of statistical power to detect significances

Lack of randomization

Unknown whether results and retention rate is transferable to a community sample

Possible explanation for unexpected findings

- The null finding of recovery as the primary outcome, and others
- Psychiatric symptoms worse off over time…why?

Practical significance and implications

- **High fidelity and improved outcomes:** effects of social workers' capacities to carry out work with clients, flexibility in work organizations, and institutional norms are all highly nuanced depending on the setting. Future work should explore the organizational or managerial factors that may impact the fidelity of SMCM interventions
- **Staff burnout:** evidence of lower burnout amongst staff in SMCM group. Future work should aim at developing an in-depth understanding of the caseworkers' experiences during the process of practice.

Stories from Supported hostel

Ms. Sau Kam Chan