



**QC24**  
Working with Strengths in Recovery – Online Classroom

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**Queensland Health and the Learning Centre acknowledge the Traditional Custodians of the Land and Seas, and pay respect to Elders past, present and future.**

We would also like to acknowledge the impacts of colonisation including: the dismantling of culture and heritage, extinguishment of language, dislocation from Land and deliberate separation of families and communities, which have profoundly impacted Aboriginal and Torres Strait Islander peoples. It has had severe social, emotional, and physical consequences for Aboriginal and Torres Strait Islander people.

Making Tracks' artwork produced for Queensland Health by GEMtas.  
Queensland Health 2019. Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2032 – Policy and accountability Framework. Brisbane 2019. Qld Government, Making Tracks Artwork and Protocol.

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**We acknowledge the lived experience of those with mental illness, those impacted by suicide or problematic substance use, and the contribution families, friends, carers and staff make to their recovery.**



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### Housekeeping

- Group agreement
- Mute when not speaking
- Facilitator screen sharing
- Use of the chat room
- Attendance record
- Mobile phones to silent
- CPD hours/certificate
- Breaks
- Technical troubleshooting

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### Online evaluation

**Queensland Centre for Mental Health Learning**

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#### The evaluation process

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### Introductions

- Hope
- Resilience
- Empowerment (self-determination)
- Recovery goals

Artwork by Antonia Taylor, 2004. Courtesy of The Park - Centre of Mental Health.

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### Program – Online delivery

Time	Content
First half	<b>Exploring Strengths</b> Meeting Kim – working with a client Engagement
	<b>Break: 15 minutes</b>
	<b>Using the tools</b> Strengths Assessment Personal Recovery Plan Resource acquisition
Second half	<b>Break: 30 minutes</b> Multidisciplinary brainstorming Working with crisis Graduated disengagement Program close.

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### Anticipated learning outcomes

- Develop a working relationship with a person
- Identify the person's strengths
- Use the Strengths Assessment Tool
- Assist the person to set goals and develop a strengths-based recovery plan
- Consider ways to use the Strengths Model when the recovery process is interrupted
- Apply strengths-based approach to risk and crisis situations.

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### Tools to explore strengths in recovery



**Strengths Model**

- Developed by Rick Goscha & Charles Rapp
- Used with permission – University of Kansas Center for Mental Health Research and Innovation.

**Wheel of Wellbeing (WoW)**

- Looks at wellbeing across body, mind, spirit, people, place and planet.
- [www.wheelofwellbeing.org/](http://www.wheelofwellbeing.org/)

**Comprehensive Care**

- Resources developed by Queensland Health to help address the NRMRC standard for Comprehensive Care.
- Multidisciplinary team approaches & planning.

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### The five methods

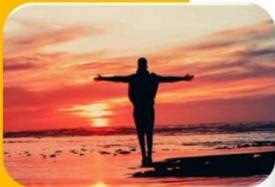
-  Method 1: The relationship
-  Method 2: Strengths assessment
-  Method 3: Personal planning
-  Method 4: Resource acquisition
-  Method 5: Graduated disengagement

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### Can strengths be used in all situations?

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### Introducing Kim

- Kim will be the focus of today's Strengths in Recovery teaching session
- The information in the slides has been gleaned from Kim's medical record
- This information is **not** from Kim's perspective
- You will learn much more about who Kim really is by engaging in conversations with Kim.

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**Reflection: Kim's referral**



**What do we know about Kim?**

**What *don't* we know?**

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**Using strengths to connect**

We are brought together with the people we work with due to their struggles or health.

Strengths approaches help us to:

- Move away from a deficit focus
- Think about the whole person
- Find common ground
- Support overall wellbeing



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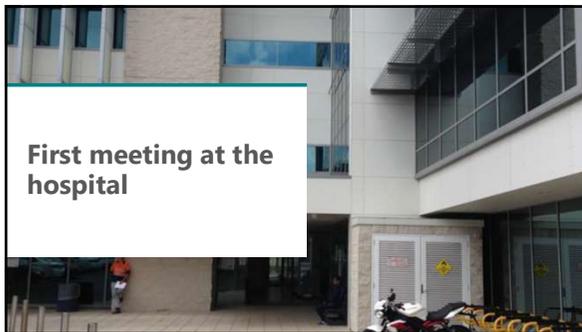
**Method 1: The Relationship**



- A strong relationship = a strong working alliance.
- A process of engagement and re-engagement
- A natural setting is important to building the relationship
- The primary method for increasing confidence, identifying desires, aspirations, talents and strengths.

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**First meeting at the hospital**

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**Break**

**15 minutes**



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**Types of strengths**

**Personal Strengths**

Can be:

- Intrinsic to the person
- Acquired through experience

**Environmental Strengths**

- Where people live
- Service, organisations, groups, networks.
- enabling Vs entrapping



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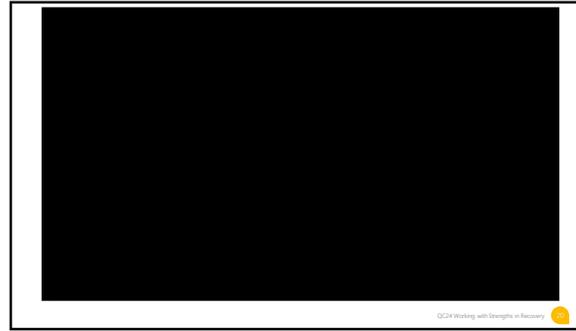


### Method 2: Strengths Assessment

- Collecting information on personal and environmental strengths as a basis for working together
- Helps the clinician stay purposeful in focusing on recovery
- Identifies understanding and meaning from the person's point of view
- Written in the consumer's own words (and preferably by the consumer)
- A living, dynamic, evolving tool.

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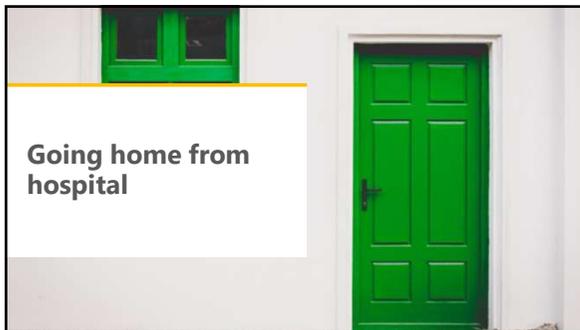
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### Asking about strengths

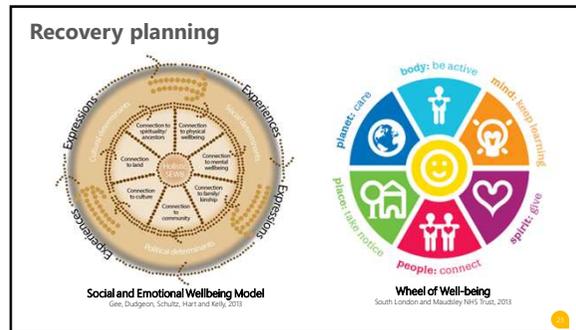
<b>Home/daily living</b>	What's good about where you live?
<b>Assets</b>	How is money important to you?
<b>Employment/ education</b>	What are your interests and skills?
<b>Supportive relationships</b>	Who do you like to spend time with?
<b>Wellness/health</b>	How would you describe your health?
<b>Leisure/recreation</b>	What activities do you like to do?
<b>Spirituality/culture</b>	What is there in your life that gives you a sense of comfort, purpose or meaning?

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### Method 3: Recovery Planning

- Creating a mutual agenda to achieve the goals that the person has set and to define the purpose of each goal
- Strengths lend ideas and motivation towards goals
- The more creative you are, the easier it is to develop goals and find resources
- Prioritising goals - provides direction, measures progress
- Goals don't have to be 'easy' – more effort and commitment is needed when a goal is difficult.

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## Hidden Goals – finding values

**A stated goal may be a clue to the underlying values of the person.**

*"I want to have ten children"* may indicate a core value of:

- caring for others
- wanting a relationship
- nostalgia for growing up in a large family.

**How do you tap into these 'key passion statements'?**

**How might tapping into values be useful?**

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## Your next visit with Kim – one week later

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### Method 4: Resource acquisition

The community is rich with opportunities, resources and enriching, genuine and supportive relationships.

Look for:

- Availability
- Accessibility
- Accommodation
- Adequacy.

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### Community resources – dimensions to consider

Availability	Accessibility
<ul style="list-style-type: none"> <li>• What is available in the community?</li> <li>• Waiting lists</li> <li>• Criteria, e.g. age, education level</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Affordability</li> <li>• Expectations, e.g. prevocational training, experience</li> </ul>
Accommodation	Adequacy
<ul style="list-style-type: none"> <li>• Psychological /emotional safety</li> <li>• Cultural safety</li> <li>• Understanding of different needs</li> <li>• Inclusiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Is it 'pitched' at the right level for the person's needs? Too much or not enough?</li> <li>• Does it fulfill the different areas of need?</li> </ul>

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### Community Resources – What's in your community?

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### Lunch Break

30 minutes



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### Multidisciplinary Brainstorming

- Support and affirmation
- Generating creative ideas
- Learning

How might you use the Strengths Assessment and/or the Personal Recovery Plan within a multidisciplinary team?

Flowchart p16 of your participant workbook

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### Multidisciplinary Team Resources



See the Comprehensive Care links and resources in your Activity Record.

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### Crisis and recovery



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### When recovery takes a detour



#### Risk and crisis

- 'What if' situations.
- What issues do they raise for you?
- How does the Strengths Model and tools fit with these 'what ifs'?

#### Strengths tools

- How could you use strengths brainstorming sessions?
- How might you use the Strengths Model to help maintain safety?

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### Kim's unexpected event



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### Dependence Vs healthy interdependence



#### Dependence

- Lack of self-agency
- Can be on systems, services or people
- Disempowering

#### Healthy interdependence

- Total independence is not usually a healthy or realistic goal
- Recognises cultural and social needs
- Empowering support

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### Method 5: Graduated disengagement

- Being empowered to disengage from a service is a big step; your role is to support this empowerment
- Using the Strengths Model reduces the cycle of despair, alienation and isolation that exacerbate a person's symptoms
- The Strengths Assessment and Personal Recovery Plan can help to sustain goals and self-management techniques.

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### Reflection

What will you do to support people to be seen, heard and valued in all of their humanity, strength and potential?

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### Working with Strengths: Summary



The Strengths Model identifies a person's personal and environmental resources, it does not focus on deficits



The Strengths Assessment and the Personal Recovery Plan are consumer-focused tools that empower a person to identify and work towards their goals



The clinician/worker supports the person to identify their strengths, resources, and goals, and helps to break down goals.

Presentation Template | August 2018

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## Thank you for your participation

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### Learning Centre training

Online classroom courses:

Build upon your learning, by enrolling in one or more of the following courses:

- QC33 Critical Components of Risk Assessment and Management – Online classroom
- QC34 Fundamentals of Assessment, Formulation and Planning – Online classroom
- QC35 Youth: Engage, Assess, Respond to and Support Suicidal People – Online classroom.

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