Strengths-Based Case Management

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"WE CAN'T FIND ANYTHING WRONG WITH YOU. SO WE'RE GOING TO TREAT YOU FOR SYMPTOM DEFICIT DISORDER."

Assessment/Intervention Axes

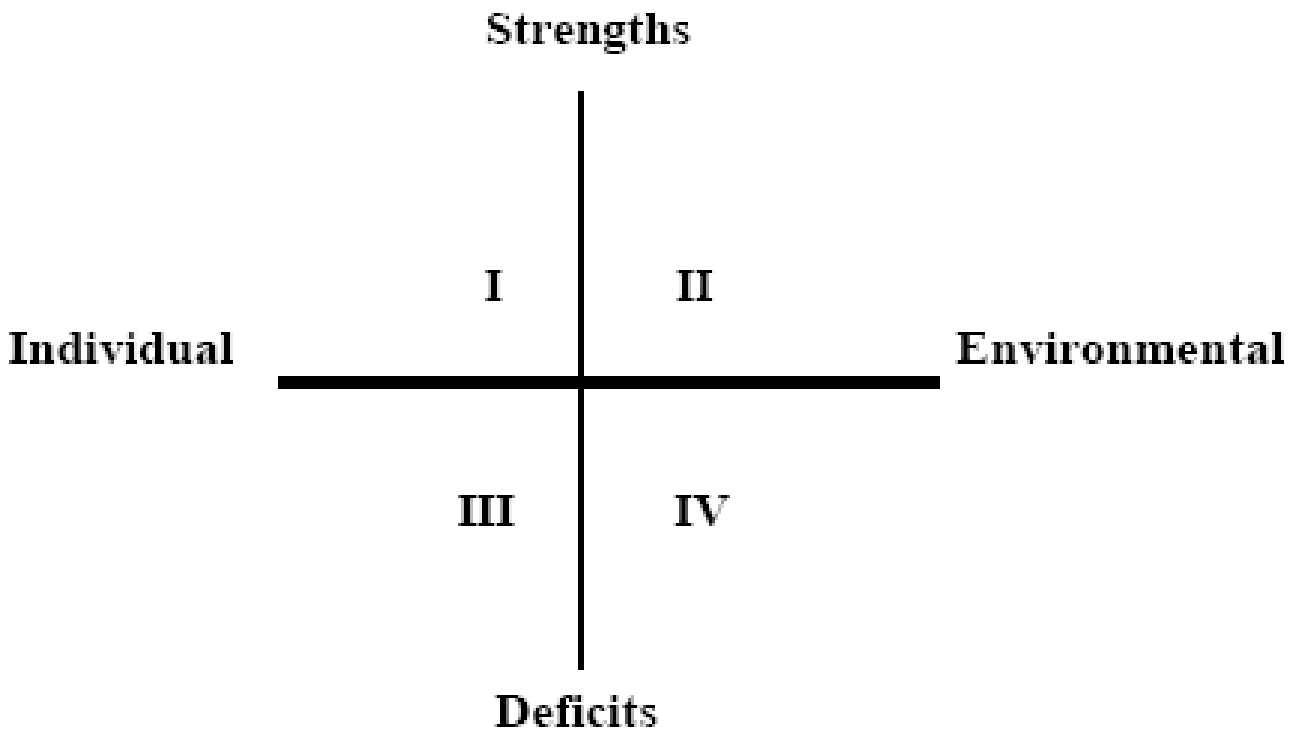


TABLE 1

Non-Experimental Strengths Model Case Management Research

Study	Sample size	Character of sample	Design	Outcomes
Lawrence, Kansas Rapp & Chamberlain (1985)	*N* = 19	Seriously mentally ill	Non-experimental	A = +, H = + I = +
Kansas Rapp & Wintersteen (1989)	*N* = 235	Seriously mentally ill	Non-experimental	A = +, C = +
Colorado Ryan, Sherman & Judd (1994)	*N* = 382	Psychotic diagnosis multiple hospital	3 group post hoc Correlational CSS, strengths, traditional	C = +
Kansas Kisthardt (1994)	*N* = 66	Seriously mentally ill	Non-experimental	C = +, E = +
Barry et al (2003)	STR (81) ACT (93)	Seriously mentally ill	longitudinal comparison of strengths and ACT	A = 0, C = 0 G = +

TABLE 2

Experimental Strengths Model Studies (*n*=4)

Author(s)	Research Design	Sample	Attrition	Follow-up Duration	Outcomes
Modrcin et al. (1988)	Experimental	STR (23) S (21)	51%	4 months	A = 0, , B = 0 C = +, D = + E = +
Macias et al (1994)	Experimental	STR + PR (20) PR (21)	17%	18 months	A = +, C = + G = +, H = 0 I = 0, J = +
Macias et al. (1997)	Quasi	STR (48) S (49)	24%	9 months	F = +, G = + H = +
Stanard (1999)	Quasi	STR (29) S (15)	9%	3 months	A = 0, B = + D = +, F = +

Coding Schema for outcomes

A = Hospitalizations, + = fewer, - = greater, 0 = no difference (n.d.)
B = Quality of life, + = increase, - = decrease, 0 = n.d.
C = Social functioning , + = increase, - = decrease 0 = n.d.
D = Occupational/Vocational functioning, + = increase, - = decrease, 0 = n.d.
E = Leisure time activities, social isolation, + = increase or less isolation, - = decrease, greater isolation, 0 = n.d.
F = Independence of residential living, + = more time housed, more stable, less structured, improved, - = less time housed, less stable, more structured, 0 = n.d.
G = Behavior symptomatology, + = reduction, - = increase, 0 = n.d.
H = Social support networks, social support, + = improved, increased - = fewer, lesser, 0 = n.d.
I = Client satisfaction with treatment, + = high satisfaction, - = low, 0 = n.d.
J = Family burden, + = decrease, - = increase, 0 = n.d.

Summary of Experimental Study of Strengths Model

	# of studies	+	0	-
Hospitalization	3	1	2	0
Social Supports, Leisure	3	2	1	0
Social Functioning	2	2	0	0
Vocational Functioning	2	2	0	0
Independence of Living	2	2	0	0
Symptomotology	2	2	0	0
Quality of Life	2	1	1	0
Family Burden	1	1	0	0
		13	4	0

Summary of Strengths Model Research

	# of studies	+	0	-
Hospitalizations	6	3	3	0
Social Functioning	6	5	1	0
Social Support	4	3	1	0
Symptomotology	3	3	0	0
Quality of Life	2	0	2	0
Vocational Functioning	2	1	1	0
Independence of Living	2	1	1	0
Client Satisfaction	2	1	1	0
Family Burden	1	1	0	0
		18	10	0

Fidelity and Outcomes For Pawnee Mental Health Center

Outcome Area	Baseline	6-Months	12-Months	18-months
Fidelity Score	25	38	45	50
Employment	8%	15%	18%	24%
Hospitalizations	24%	10%	8%	10%
Education	1%	1%	1%	6%
Independent Living	95%	96%	96%	94%

Fidelity and Outcomes
For South Central Mental Health Center

Outcome Area	Baseline	6-Months	12-Months	18-months
Fidelity Score	22.5	30.5	41.5	
Employment	13%	13%	16%	
Hospitalizations	13%	9%	5%	
Education	2%	2%	2%	
Independent Living	91%	94%	98%	

People with severe and Persistent mental Illness can learn, grow, And change

"Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. ... The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution"

(Deegan, 1988 p. 15).

What RECOVERY does not mean:

- Recovery does not mean a person will no longer experience symptoms.
- Recovery does not mean a person will no longer have struggles.
- Recovery does not mean a person will no longer utilize mental health services.
- Recovery does not mean a person will not use medications.
- Recovery does not necessarily mean a person will be completely independent in meeting all of his/her needs.

Ridgway's Eight Recovery Journeys	
From	-I-0
Sense of Self Alienation • Mentally Ill	• Rediscovering Meaning and Purpose • Identity as a Complete Person
Self-Management • Passive Recipient • Passive Acceptance of Symptoms • Self-Neglect	• Active Consumer • Active Self-Management of Symptoms • Self-Care and Wellness
Life Beyond the System • Entrapping (Protective) Programs • Inertia • Isolation	• Community Life • Meaningful Activities • Relationship and Community

Recovery as an Outcome

Psychological

- hope
- self-esteem
- confidence
- self-efficacy
- self-determination
- loneliness

Community Integration

- competitive employment
- post-secondary education
- non-segregated independent living
- prevention of psychiatric hospitalization
- faith communities

LONG-TERM STUDIES OF PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

Study	Sample Size	Average Length In Years	Percent who Recovered and/or Significantly Improved
M Bleuler (1978) Burgholzl, Zurich	208	23	53-68%
Huber, et al. (1975) Germany	502	22	57%
Ciompi & Muller (1976) Lausanne, Switzerland	289	37	53%
Tsuang, et al. (1979) Iowa 500	186	35	46%
Harding, et al. (1987) Vermont	269	32	62-68%
Ogawa, et al. (1987) Japan	140	22.5	57%
DeSisto, et al. (1995 a and b) Maine	269	35	49%

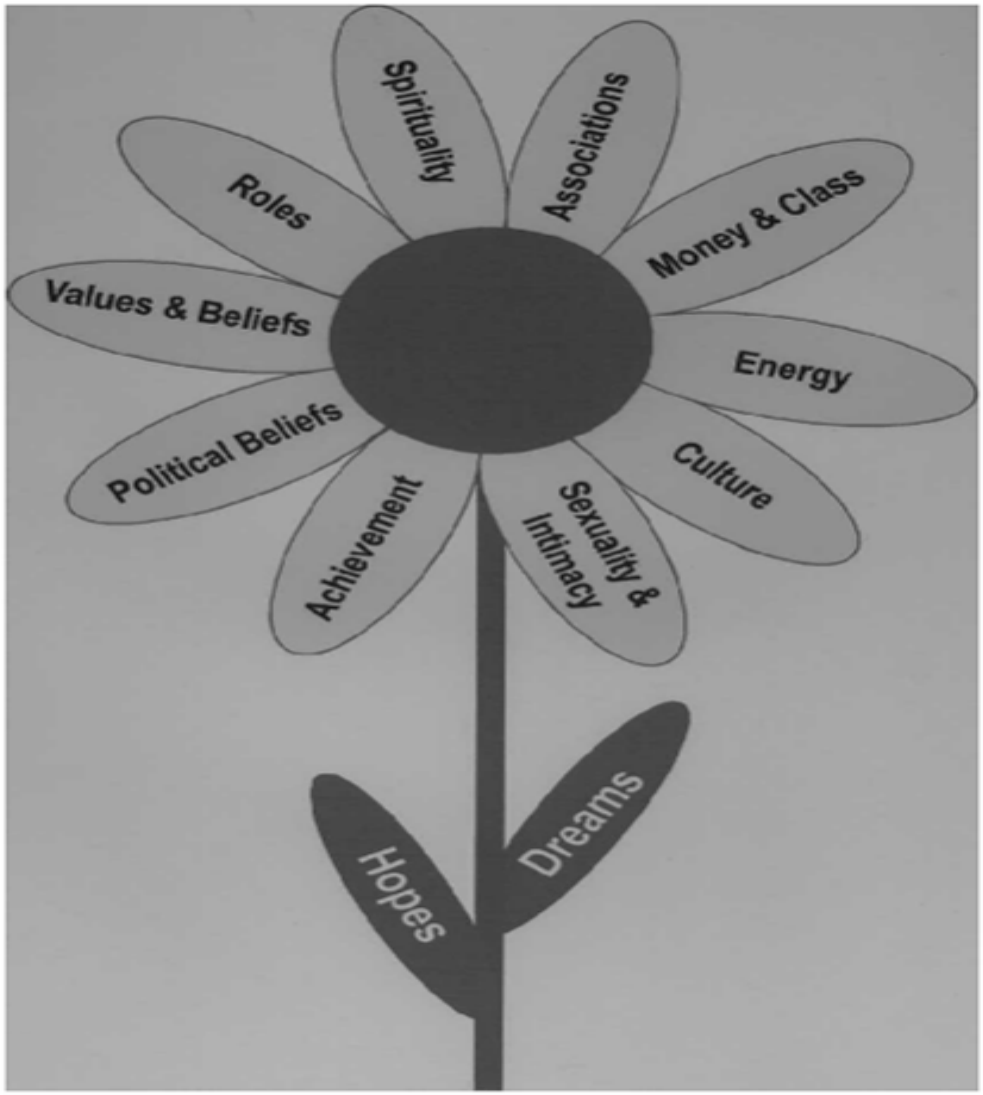
- Total number of people in the studies: 1,863
- Average length of time sample was followed: 29.5
- Average percent of people who recovered or improved significantly: 55.4% (1,132)

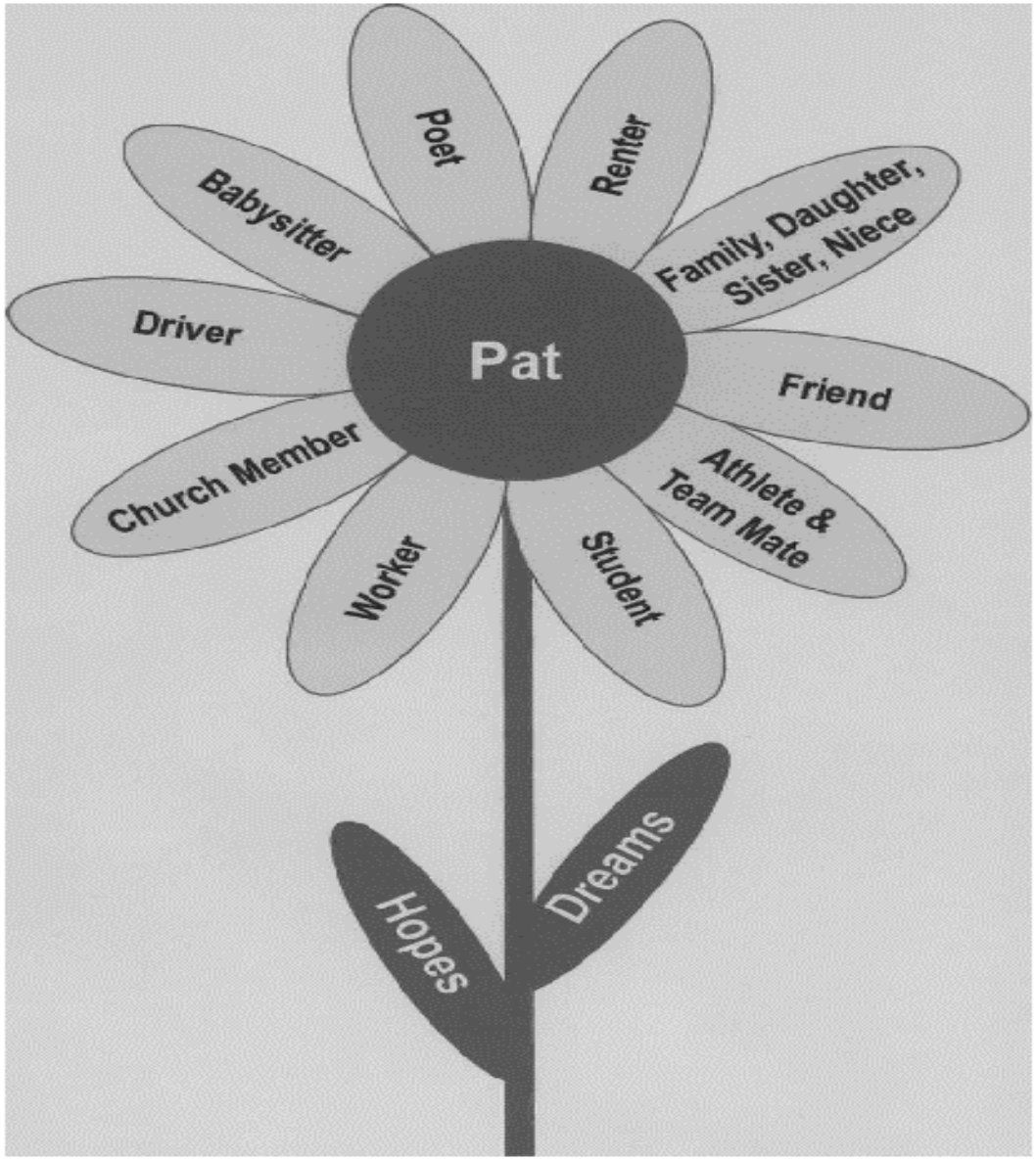
Vermonters – What made the difference?

1. decent clothing & food
2. people to be with
3. a way to be productive
4. a way to manage the illness
5. a way to be part of the community
6. individualized treatment
7. flexibility in services
8. case management

What are people recovering from?

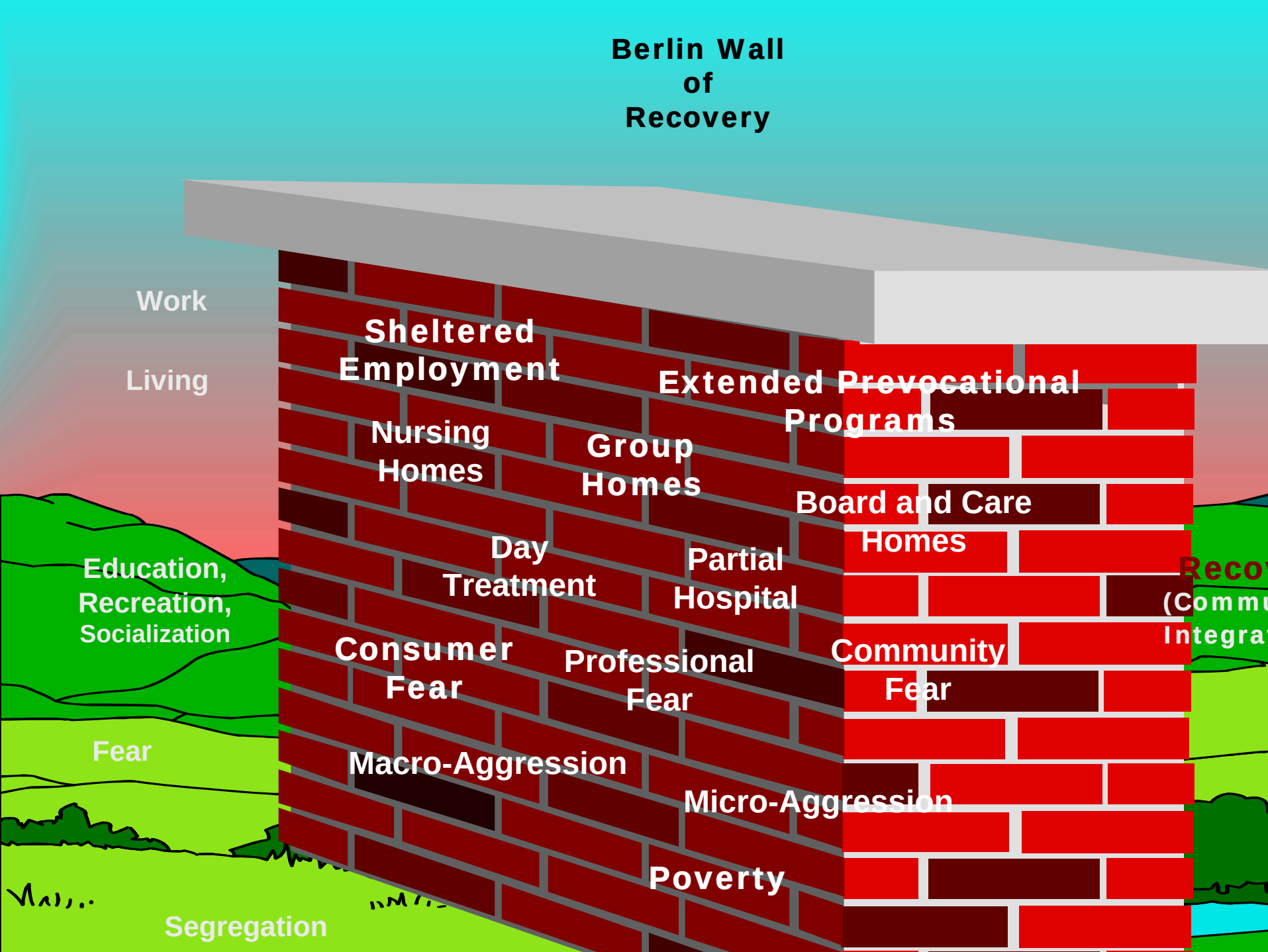
- Poverty
- Dreams that never materialized
- Loss of Relationships
- Loss of Identity
- Isolation from community
- Physical/Sexual Abuse
- Addictions
- Mental Health Systems


Spirituality
Associations
Roles
Money & Class
Values & Beliefs
Energy
Political Beliefs
Culture
Achievement
Sexuality & Intimacy
Hopes
Dreams


Pat
Poet
Renter
Family, Daughter, Sister, Niece
Friend
Athlete & Team Mate
Student
Worker
Church Member
Driver
Babysitter
Dreams
Hopes

The focus of the helping process is upon the consumer's strengths, interests, and abilities; not upon their weaknesses, deficits, or pathology.

The community is viewed as an oasis of potential resources for consumers rather thin as aim obstacle. Naturally occurring resources are considered for consumers as a possibility before, institutionalized or segregated mental health services.


Berlin Wall
of
Recovery
Work
Living
Education,
Recreation,
Socialization
Fear
Segregation
Sheltered
Employment
Nursing
Homes
Group
Homes
Day
Treatment
Partial
Hospital
Consumer
Fear
Professional
Fear
Macro-Aggression
Micro-Aggression
Poverty
Extended Prevocational
Programs
Board and Care
Homes
Community
Fear

Naturally Occurring Resources

Horizons Mental Health Center (1991):

65 clients enrolled / 2 staff members

- 90% living independently
- 62% working competitively
- 90% involved in some form of vocational or educational activity
- Only 2 clients were hospitalized

The consumer/case manager relationship <u>becomes</u> the indispensable foundation for mutual collaboration

The consumer is viewed as the director of the helping process.

Assertive outreach is the preferred mode of working with consumers.

Active Ingredients of Effective Case Management

1. Work is in the community
2. Natural community resources are the primary partners
3. Individual and team case management
4. Case managers have primary responsibility for a person's services
5. Case managers can be B.A. level. Supervisors should be experienced and fully credentialed

Active Ingredients of Effective Case Management

6. Caseload size should be small enough to allow for high frequency of contact
7. Length of service is indeterminate
8. 24 hours a day availability of someone familiar
9. Foster Choice