Strengths-based, Collaborative Mental Health Treatment



SuEllen Hamkins, MD Josh Relin, PsyD



Today's Talk

- Roots of strengths- and values-based, collaborative treatment
- Initial consultations: "Intakes"
- Strengths-based documentation
- Promoting strengths-based case consultation meetings



Common principles of strengths- and values-based, collaborative treatment

- a focus on strengths and values
- a collaborative therapeutic stance
- an honoring of personal preferences, cultural values and communities
- an awareness of cultural contexts that can be supportive or marginalizing
- the fostering of well-being
- attention to how our practices support these principles



Converging streams of strengths- and values-based, collaborative mental health treatments

- Recovery model SAMHSA
- Trauma-Informed Care
- Motivational Interviewing
- Positive psychology/psychotherapy/psychiatry
- ACT Acceptance and Commitment Therapy
- Narrative Therapy/ Narrative psychiatry
- Mental Health Activism
 - Active Minds



Narrative Ideas that Foster Strengths- and Values-Based Treatment

- We experience our lives and our identities through the stories we tell about ourselves and the world.
- The meanings we give our experiences and feelings and the the stories we tell about our lives arise in relationships.
- We can cultivate narratives of strength and meaning that contribute to positive identity development and open up new possibilities for recovery and well-being.



Strengths-based initial consultation

- Focus on emotional and cultural attunement and creating a collaborative therapeutic alliance
- •Get to know the person without the problem
- Understand the student's experience of the problem, externalizing the problem
- •Identify, strengthen and extend the skills and values contributing to successes in resisting the problem
- Identify allies and resources and collaboratively consider next steps in light of the student's values and vision



Strengths-based initial consultation

Gathering information in ways that are therapeutic.



Treatment-as-usual:

Why are you having this problem?

What are the roots of that problem in your childhood?

Strengths-based treatment:

Why are you able to resist or overcome this problem?

What are the roots of that strength or value in your childhood?



Strengths-based treatment

Notice the smallest signs of wellbeing and cultivate them into narratives of strength and meaning.



"Amanda Riley"

Dear Amanda,

I am writing to summarize some of the points of our conversation to provide documentation to you of some of the things that you have been doing that have been useful in helping yourself to successfully live your life.

You noted that the days you feel best are the days you go into the art studio and spend time making art. You have been able to continue to make art despite depression because of being able to say the following things to yourself:

- I'm learning a skill.
- It may not be perfect.
- This is a process.
- I'm doing this because I enjoy it.
- I don't have to have so many expectations of what it has to be like.



"Amanda Riley"

In addition, you are able to take a break when you become frustrated with yourself, and also you are able to resist doing things that are destructive to your work or to yourself. Furthermore, you are able to say to yourself: "I have to do this work to move toward a goal."

You are considering whether the same philosophy of looking at art as a process might also be applied to living your life in general. You are considering whether or not thinking that figuring out what you want to do with your life is something of an art, and that saying yourself some of the same things such as: "I'm learning a skill" and "This is a process" may be useful in allowing you to relax and let other things surface.

You have described several sources of inspiration to you currently, including: art, plays, women you admire, and professors. In particular, you note that people who are able to work with what they have and make the most of it are especially inspiring and you are considering speaking to some people and interviewing them about how they are able to do this. Other sources of inspiration include: hard physical labor, being outdoors, making friends, and spending time with people.



"Amanda Riley"

You mentioned that you thought being able to read a document such as this might be useful to you in creating more space in your life for relaxation and optimism, and might help you to direct your life in directions you wish while being open to new possibilities.

This letter itself can be considered a work in progress. Please feel free to bring this to our next meeting and also to make any corrections that seem appropriate to you so that this document can be most accurate and helpful.

I look forward to speaking with you at our next conversation.
Sincerely,
SuEllen Hamkins, MD



Compassionate connection and emotional and cultural attunement

- Emotional attunement
 - Empathy
 - Collaboration
 - Transparency
 - Cultural attunement



History of skills and values in relation to a problem

- When do you feel the best nowadays?
- What helped you get through that difficult time?
- Are there times that the problem doesn't get to you?
- Are there values that you have been able to stay true to despite feeling down?
- Are there times you were able to resist the urges to cut? How did you do it?
- Who stands with you in your intention to create a peaceful life?



History of skills and values in relation to a problem

- Have you ever gotten over depression before?
- When was that?
- How did you do it?
- Whose help did you choose to draw on?
- Does your desire not to worry your family about your safety reflect a value you hold?
- Does your plan to eliminate cutting from your life reflect commitments you have for your life?



Family History

- Who in your family are you closest to?
- What do they love about you?
- Is that an indication of what your family gives value to?
- What would you say are some of the things your family cares most about?



Family History

- Is there anyone else in your family who has worked to overcome depression? What have they done to resist its influence in their life?
- Is anyone in your family dealing with the challenge of bipolar disorder? What has their strategy been to limit its effects?
- Have any family members had a problem with alcohol or drugs? Have they in any way tried to minimize its negative effects on the family? What did they do?



Emotional and cultural attunement and a collaborative therapeutic alliance

- Emotional attunement
 - Empathy
 - Collaboration
 - Transparency
 - Cultural attunement



Strengths- and values-based documentation of initial consultations:

Introduction to the person without the problem:

(Include passions, interests, values, skills, accomplishments and sources of inspiration)

The person's goals for treatment and vision of well-being:

Chief concern:

History of the problem and efforts and successes in managing it:

Family history:

(Include family values, skills, and resources, what family members admire about the person and the problems that family members have faced and/or overcome)



Strengths- and values-based documentation of initial consultations:

(cont.)

Medical wellbeing and problems:

Observations/Mental Status:

Summary:

(Include strengths, skills, relationships, supports, values, successes in achieving their vision of wellbeing, and problems that are a focus of treatment)

Risk assessment:

(Include risks for harm to self or others and protective factors) (Diagnoses, discussed with the person):

Collaborative treatment plan:



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Formal

Supervision

Clinical teams

Informal

"On the fly"

Staff meetings



Clinical Team, Standard Process

- 1. The clinician presents information that feels relevant in order to illustrate presenting problem, the work that is being done, and the dilemma or reason for presenting.
- Team members take turns asking questions to bring forward "missing information" and offer advice, information, or feedback.

Often orientation specific, therapist-centered, and modern/positivistic



Clinical Team, An Alternative Process:

Narrative Reflecting Team Model

Tom Andersen, Norway

Andersen, T. (1987) The reflecting team: Dialogue and metadialogue in clinical work. *Family Process*, *26*, 415-428.



Reflecting Team Process (as practiced at UMass CCPH)

- 1. Client and/or therapist is interviewed
 - The theme(s) or topic(s) are chosen by the subject(s)
 - Andersen: "How would you like to use this meeting?"
 UMass: "If today's meeting were to be helpful to you...?"
 - Q's geared towards bringing forward not just details but broader themes re the problem, experience(s) of resistance, preferred outcomes, and underlying values
- 2. Team reflects in conversation
 - Comments are grounded in personal resonance or experience
 - "Appropriately unusual" Andersen



Reflecting Team Process (cont'd)

- 3. Subject is interviewed for impressions, resonance, what fit and what did not fit, and corrections of errors.
- 4. (time permitting) Group comes together to reflect on the process; subject and team have a chance to speak more directly with each other.

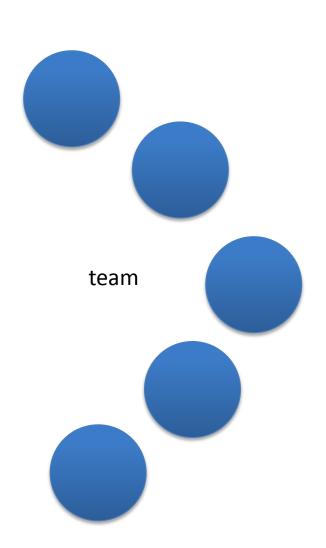








interviewer





Reflections on Reflecting Team Process

- To Be or Not To Be Didactic
 - How? How much? How Often?
 - The danger of "doing it right"
 - The Voice vs. The Ear
- Team Building
 - Fostering comfort, allowing for vulnerability
 - Addressing supervisor/supervisee relationships



Reflections on Reflecting Team Process (cont'd)

Challenges

- Limited live teams
- Building collaboration across experience/roles
- Responding to moments when team/individuals lose touch with values

Triumphs

- Team successfully came together to support each other and create a functioning reflecting team
- Staff felt supported consultatively, as well as closer to each other
- Staff began to speak to each other and about clients in experience-near language



Broader Clinical Team Strategies

- Interview instead of firing squad
- Larger discussion of power, language, and intentions at the outset of the year/semester/meeting
- Invite the presence of the client, real or imagined
- Have one participant listen as the client (B. Madsen)
- Invite stories and questions about "the person without the problem"
 - Strengths, values, history of healthy choices, preferred outcomes
- Notice, empathize with, and invite resistance to negative, pessimistic, or pathologizing language



Informal Consultations

The danger of negative/pathologizing/us vs. them language

- Feels relieving
- "Gallows humor"
- Invited by traditional training paradigms
- "I need to vent," "I don't want to feel policed," "Don't be 'PC'"

Promotes pessimism, burn-out, and non-collaborative, client-distant care



Promoting Constructive, Strength-Based Language

- Encourage discussions about the impact of language on individual clinicians and the system as a whole during staff meetings
- Propose the fostering of hopefulness as a worthwhile goal
- Form ad elicit frequent feedback from an advisory board that includes diverse student voices
- Empathically recognize and divert problem-oriented language

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