The Strength-Based vs. Deficit-Based Model

The difference in the models is the END RESULT:
- The result of using a deficit-based model is client compliance.
- The result of using a strength-based model is client change.

The trend to strength centered strategies for case management and the focus on approaches that make use of motivational techniques for joining and engaging and increasing client's commitment, participation, and follow-through.

It is also critical for case managers to know and understand the use of evidence-based and promising practice models as they are referring their clients for services. A detailed knowledge of both the client and service models will elicit the best opportunity for that client to participate in the right type of intervention, at the right time, in the right amount of scope and duration, and for the team to determine the appropriate Goals and Objectives in writing the client's ICP, and creating client ownership of that plan.

With the right methods, come the right outcomes.
Strength-Based Versus Deficit-Based

Strength Based
- Collaborative Partnership
- Uses Ability
- Enhances Motivation
- Starts something
- Provides Assistance
- Focuses on Ability
- Understands resistance from person perspective
- Change

Deficit Based
- Facing Authority
- Confronting inability
- Confronts Resistance
- Tries to stop something
- Mandates Activity
- Presumes inability
- Judges resistance for a variety of logical points
- Compliance

Uses “Ability”

- Scrutiny is for discovery
  - How does the person see self?
  - How does person work the world?
  - What matters?
  - How does that relate to the targeted behavior?
    - How do they work the world to get a need met?
    - How do they work the world to prosper?
  - What assistance is needed for use of ability to get direction?

Collaborative Partnership

- Solving the problem from person perspective
- What is it?
- How does it make sense?
- Trying what we do to what the person cares about?
- Good Agreement on direction and activity to get there
- Practitioner chooses collaborative/assistive role
- Pushes the person (client/offender/patient) to the active role
- Helping people improve their ability to self-govern
- Ownership of outcomes
Enhancing Motivation

- Think “States”
- Four levels of “where they are at”
  - Have to do something! Can’t stay like this!
  - Things would be better
  - I can do it
  - Let’s go

MI Strategies to Enhance Motivation

- Tying what you do to what the person cares about
- Emphasizing Choice and Control
  - Keeps person in active role
  - Removes need to “deal” with practitioner
  - Pushes practitioner to “Assistive/Collaborative” Role
  - Provides a safe place to consider change
  - Not in it alone

Tasks and Functions

- Client level Interventions (face-to-face)
  - Strength-based Needs assessment
  - Relationship to the targeted issue
  - Linking and Brokering
  - Advocating for inclusion
  - Insuring efficacy
  - Evaluate and adjust the plan with the person
  - Make internal decisions on service delivery
  - Assist in managing resources
Transition

- From
  - Institutional Memory
  - The goal of maintaining the person within the system
  - Compliance and Monitoring
  - Deficit-based Concerns
- To
  - Targeted Treatment
  - Recovery and Amelioration
  - Collaborative, Assistive and Client-led interventions
  - Strength-Based Approaches

Strength-Based Case Management Approach

- Good agreement on Goals, Objectives, Interventions
- Consumer has total choice and control (Ownership)
- Professional is assistive and collaborative partner (guiding, exploring, providing) needed by consumer
- Encounters are specific for linking and brokering
- Resistance is understood from consumer perspective
- Goal is to achieve amelioration and recovery of critical life function
- Consumer is welcome back if necessary
- Time frames are realistic and limited to achieving objectives

Strength-Based Case Management Interventions

- Direct Support/Face to Face
  - Determine consumer/client's goal
  - Determine route for achieving goal
  - Determine consumer/client's level of motivation (DARN) to achieve goal
  - Determine what's already done/known regarding the goal
  - Assist with identification of resources
  - Assist with activities for application
  - Guide, Explore, Adjust, Negotiate, Accompany, Allow for Fluctuations
  - Avoid taking over. Doing everything in order to save time
CSM Process

• Getting good agreements on goals
  – What is needed?
  – What does the person want?
  – How do they see us working with them?
  – Making recommendations while respecting autonomy?
  – Determining person’s level of readiness to work on the goal?

Case Management Methods for Getting Good Agreement on Goals

• Facilitated Activity
• The person is helped to explore and identify the Critical Life Function they wish to recover
i.e.: “I want to keep taking my medication.”
• What will that do for you?
• If you take your medication, what will that help you with?
• What will you be able to do on your medication that is difficult for you without it?

Evidence-Based Practices in Case Management

• The evidence-based practice for case management comes from the use of stage-wise, motivational interventions
• The process for using Evidence-Based practice:
  – the degree to which the worker can get good agreement on goals
  – Determine the person’s level of readiness to work on the goal
  – Design interventions to assist the person in achieving incremental objectives to match
EBPs used in CSM

- Motivational Interviewing
- Solution Focused
- Targeted Case Management
- Supported Employment
- Supported Housing
- Outreach
- Person Center Planning