ILSA™ Supervision Workbook

A workbook for supervisors to assist staff
in developing co-occurring competency

May be used independently, or as a companion to the
Integrated Longitudinal Strength-based Assessment™ (ILSA™)

Program Name:_____

Supervisee Name:_____

Supervisor Name: _____

Date: _____

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1. CASE PRESENTATION: CCISC HOPEFUL, STRENGTH-BASED (RECOVERY-ORIENTED) INTEGRATED PRESENTING FORMAT

The [age]-year-old [man/woman/boy/girl] I am presenting is an amazing/cool/special person because:

The history of my connection to this person is:

I like or feel connected to this person because:

His or her vision for a happy, meaningful, proud, successful life is:

Over the past several weeks/months, in the face of multiple challenges:

List all the challenges (e.g., continuing mental health issues, substance issues, cognitive/learning issues, health issues, past and current trauma, relationship challenges, housing issues, criminal justice issues).

1.

2.

3.

This person has amazingly made progress toward his/her goal of happiness by doing the following things:

List the positive things that he/she has been doing in general, and specifically to make progress for each challenge. STAY WITH A STRENGTH-BASED FOCUS (e.g., "He/she has made 75% of appointments or taken meds 60% of the time.", rather than "He/she does not keep appointments and is med non-compliant.")

Also note the STAGE OF CHANGE he/she is in for each issue, reflecting progress in a way that is "stage-matched." (e.g., "He/she has just started to trust us enough to talk about substance issues in spite of bad experiences talking about these issues with caregivers in the past, and is moving into the contemplation stage.")

1.

2.

3.

Based on the above, I would like some help from the team identifying smart next steps of progress (skills, etc.) that the person and I/the team can work on in partnership together, for each of the challenges that he/she is facing, in order to help him/her make progress toward the vision of a happy life.

2. WELCOMING, ENGAGEMENT, HAPPY LIFE GOALS, AND STRENGTHS

1. What did you do (or observe) that was welcoming and engaging (initially and throughout the assessment)? Why do you feel it was welcoming to *this* client?

2. What did *this* person say was her/his vision or goal for a happy life? How does the goal make sense in this person's life?

3. What time period represents a "recent stable baseline" or recent period of success or progress (even if brief)? (Be specific with the time frame [e.g., starts when and ends when].)

   Describe some details of her/his life during this time (e.g., where did she/he live, with whom, what did she/he do with her/his time).

   What did she/he experience regarding her/his symptoms or issues during this time? Make sure you consider *each* relevant issue (MH, SUD, health, legal, parenting, etc.).

4. What are the strengths, skills, capacities, and resilience factors you identified during the recent period of progress? Identify areas of strength or progress for *each* issue.

3. ISSUES, STAGES OF CHANGE, STEPS TAKEN, STAGE-MATCHED INTERVENTIONS AND OUTCOMES, AND ROUNDS OF APPLAUSE FOR MILESTONES OF PROGRESS

Use the space below to list all the client's co-occurring issues that you discovered in the assessment. Identify three to practice with in the following section—identifying the stage of change for each, at least one thing already done successfully (strength) and one next step to work on for the issue, remembering what the person wants from her/his life and what framework she/he is holding for each issue.

3. CONTINUED

Co-occurring Issue #1 (As prioritized by the client):

- Stage of Change:

  Precontemplation Contemplation Preparation
  Early Action Late Action Maintenance

- Write at least one positive step already taken:

- Write one next step to work on together for this issue:

- How is this step stage-matched?

- What is the small milestone you would be looking forward to?

- What would be the great round of applause for achieving the milestone?

3. CONTINUED

Co-occurring Issue #2:

- Stage of Change:

  Precontemplation Contemplation Preparation
  Early Action Late Action Maintenance

- Write at least one positive step already taken:

- Write one next step to work on together for this issue:

- How is this step stage-matched?

- What is the small milestone you would be looking forward to?

- What would be the great round of applause for achieving the milestone?

3. CONTINUED

Co-occurring Issue #3:

- Stage of Change:

  Precontemplation Contemplation Preparation
  Early Action Late Action Maintenance

- Write at least one positive step already taken:

- Write one next step to work on together for this issue:

- How is this step stage-matched?

- What is the small milestone you would be looking forward to?

- What would be the great round of applause for achieving the milestone?

4. INTEGRATED RECOVERY, TREATMENT AND SERVICE PLAN TEMPLATE

Program:	**Date:**
Person/Family:	**Team Members:**
Person's and/or family's goals for a happy life:	
Strength-based discussion: Describe strengths used routinely to make progress for each issue and during any recent or relevant periods of success:	

Goals and Objectives	What do we do? (Stage-matched interventions)	• Responsible Persons • Milestones of Progress • Opportunities for Rounds of Applause	Target Date for Completion
Issue 1:			
Stage:			
Objectives:			
Issue 2:			
Stage:			
Objectives:			
Issue 3:			
Stage:			
Objectives:			
Issue 4:			
Stage:			
Objectives:			

Signed by: Person Family Program Manager Staff MD Other (specify)

5. STAGE-MATCHED INTERVENTIONS

Precontemplation

"You may think this is an issue, but I don't, and even if I do, I don't want to deal with it, so don't bug me."

The job is to build trust and open up the conversation.

Contemplation

"I'm willing to think with you, and consider if I want to change, but have no interest in changing, at least not now."

The job is to keep talking and thinking to see if any change is needed.

Action - General [Common to Preparation, Early/Late Action, and Maintenance]

The job is to identify and practice self-management skills ("what I do by myself") and asking-for-help skills ("when I need support") to take the next small step of change.

Preparation

"I'm ready to start changing, but I haven't started, and I need some help to know how to begin."

How to take a successful baby step to get started.

Early Action

"I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations."

How to keep making change that moves in the right direction.

Late Action

"I'm working toward maintenance, but I haven't gotten there, and I need some help to get there."

Identify and learn skills to be more consistently successful.

Maintenance

"I'm stable and trying to stay that way, as life continues to throw challenges in my path."

Anticipate new challenges and learn skills to address them.

6. TWELVE STEPS OF COMPLEXITY COMPETENCY FOR ADULT STAFF

1. Welcome individuals (and families) with complex issues into an empathic relationship.
2. Identify individual (and family) vision for a happy, hopeful, meaningful life.
3. Screen for all co-occurring issues (including mental health, substance abuse, health, trauma, ID/DD, brain injury, domestic violence, abuse/neglect, parenting, school/work, legal, housing, and other challenges).
4. Assess for the presence of immediate safety risk in any domain, and know how to get the individual to safety.
5. Integrate the ability to gather basic assessment information relevant to each co-occurring issue into the assessment, including integrating assessment information obtained from family members and collateral providers. Understand the distinctions between high- and low-severity mental health and substance use issues.
6. Routinely identify and communicate individual strengths (periods of success, what the person is already doing right) for each issue, as part of all forums (e.g., team meetings, supervision, presentations, service planning), with or without the individual present.
7. Be aware of, and understand, the specific nature of *each* issue, and the associated recommendations for that issue, at least as well as the individual understands them.
8. Identify stage of change for each issue, for the individual served.
9. Provide stage-matched interventions as indicated, to assist the individual to move through stages of change for each issue in order to be successful in achieving his/her goals. For issues in earlier stages of change, help the individual determine the right amount of attention to that issue (e.g., "What is the right amount of substance use for me?" "What is the right amount of medication for me?") in order to achieve his/her vision of a happy life.
10. For issues in more active stages of change, provide specific and positively rewarded skills training on how to make progress for each issue. This includes specific skills training for any issue, such as reducing substance use (in the face of mental health challenges) and/or managing mental health symptoms or painful feelings (without using substances) and/or how to manage medical issues, legal issues, housing, etc. Modify any skills training to accommodate the person's cognitive or emotional learning impairment or disability, and provide rounds of applause for small steps of progress.
11. Collaborate effectively with other types of service providers (including other mental health or substance abuse services, housing, primary health, justice services, disability supports, etc.) to help the individual receive an integrated message of how to make progress.
12. Promote engagement in peer support and, when appropriate, recovery self-help meetings, for individuals struggling with one or more issues.

7. TWELVE STEPS OF COMPLEXITY COMPETENCY FOR CHILD/FAMILY STAFF

1. Welcome individuals (and families) with complex issues into an empathic relationship.
2. Identify individual (and family) vision for a happy, hopeful, meaningful life.
3. Screen for all co-occurring issues, both in individual children and their family members (including mental health, substance abuse, health, trauma, ID/DD, brain injury, domestic violence, abuse/neglect, parenting, school/work, legal, housing, and other challenges).
4. Assess for the presence of immediate safety risk in any domain, and know how to get the individual or other family members to safety.
5. Integrate the ability to gather basic assessment information relevant to each co-occurring issue, for each family member, into the child/family assessment, including integrating assessment information obtained from family members and collateral providers. Understand the distinctions between high- and low-severity mental health and substance use issues.
6. Routinely identify and communicate individual and family strengths (periods of success, what they are already doing right) for each issue, as part of all forums (e.g., service planning meetings, supervision, presentations, Child/Family Team meetings), with or without the child/family present.
7. Be aware of, and understand, the specific nature of *each* issue, and the associated recommendations for that issue, at least as well as the individual and/or family members understand them.
8. Identify stage of change for each issue, for the individual child and for family members.
9. Provide stage-matched interventions as indicated, to assist the individual and family members to move through stages of change for each issue in order to be successful in achieving their goals. For issues in earlier stages of change, help each individual determine the right amount of attention to that issue (e.g., "What is the right amount of substance use for me?" "What is the right amount of medication for me?") in order to achieve the vision of a happy life.
10. For issues in more active stages of change, provide specific and positively rewarded skills training on how to make progress for each issue. This includes specific skills training for any issue, such as reducing substance use (in the face of mental health challenges) and/or managing mental health symptoms or painful feelings (without using substances) and/or how to parent more effectively, etc. Modify any skills training to accommodate the person's cognitive or emotional learning impairment or disability, and provide rounds of applause for each small step of progress.
11. Collaborate effectively with other types of service providers (including other mental health or substance abuse services, schools, child welfare, juvenile justice, disability supports, etc.) to help the individual and family receive an integrated message of how to make progress.
12. Promote engagement in peer support and, when appropriate, recovery self-help meetings, for individuals and family members struggling with one or more issues.