Strengths-Based Care Planning and Goal Setting

*Traditional care planning:* Social worker identifies resources; decides who will provide them; and arranges type and frequency of services.

*Client-driven care planning, strengths model:* takes into account client preferences and interests; client’s participation in developing the care plan; clients need for personal planning and goal-setting; and the client’s ability to incorporate his/her strengths into planning process.

**Process:**

**Engagement**
- Know client in holistic way
- Begin where client is physically and emotionally and move with him/her towards higher participation Capitalize on strengths
- Assess: current status (identified problem), client’s desires, and client’s personal/social resources (what he/she has used in the past)
- Consider life domains
  - Daily living situation
  - Health
  - Finances
  - Social supports
  - Spirituality/religion
  - Leisure/recreational interests

Expand client’s confidence in making choices and selecting options

**Payoff:**
- Better outcomes, more chance for compliance.
- Less anxiety for worker, less poor decisions.

**Personal Goal Plan:**
Blends client’s needs with desires.
Generated from client’s perception of problem.
Break broad goals into manageable parts.
Strengthens client-worker relationship.

Key considerations in selecting intervention activities include:
- Pick the least drastic and most gradual available.
- Insure deliberation and agreement with the adult.
- Be certain about the adult’s knowledge and ability to follow through.
- Include all steps.
- Break complex activities into parts.
- Have reasonable time frames.
- Provide reciprocal accountability.

**APS plan implementation activities include:**
- Identifying available and appropriate providers.
- Making referrals to identified providers.
- Preparing providers for handling the referrals by providing necessary information about the victim or perpetrator and that person’s situation.
- Following up to make sure the resources are provided and used.
- Communicating with providers regularly to evaluate progress and reassess need.