

# Supporting the Development of a Strengths-Based Narrative

## *Applying the Leisure and Well-Being Model in Outpatient Mental Health Services*

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**Abstract:** Strengths-based practice emphasizes the discovery, development, and expression of a variety of strengths as a significant strategy for well-being (Jones-Smith, 2014). The notion of recovery in mental health services refers to living well with mental illness and is often based in creating a self-narrative that includes mental illness but that is not defined by it, or in other words creating a self-narrative of strengths (Onken, Craig, Ridgway, Ralph, & Cook, 2007). The Leisure and Well-Being Model (LWM) (Carruthers & Hood, 2007; Hood & Carruthers, 2007) provides direction for the development of strengths-based therapeutic recreation (TR) programs and this article will describe the development, implementation, and evaluation plan for a TR program designed to address one of the distal goals of the LWM, “cultivation and expression of one’s full potential including strengths, capacities and assets” (Carruthers & Hood, 2007, p. 280) in outpatient mental health services. The literature on recovery in mental health treatment, strengths-based practice, positive psychology and narrative therapy provided the conceptual framework for the application of the LWM to TR services. The resultant program, entitled Be Your Best Self, is described in some detail and the ongoing plans for development and evaluation research are articulated.

**Keywords:** *Well-being, strengths-based practice, recovery-oriented care, mental health, theory-based practice, narrative therapy, program evaluation, therapeutic recreation*

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The Leisure and Well-Being Model (LWM) (Carruthers & Hood, 2007; Hood & Carruthers, 2007) is a strengths-based therapeutic recreation (TR) service delivery model that provides a framework for the development of TR interventions designed to support people with disabilities, illnesses and other limitations to live well and to experience fulfillment in life. The model identifies leisure as an integral component of a life well-lived and articulates the role of leisure in generating positive emotion, and in developing the resources and strengths necessary for well-being. The experience of positive emotion on a daily basis and the cultivation and expression of strengths represent the distal outcomes of the LWM (Carruthers & Hood, 2007; Hood & Carruthers, 2007). These two outcomes of TR service are achieved through TR interventions that help clients experience the greatest benefit from leisure (Enhancing Leisure Experience) and develop the resources and capacities (psychological, social, physical, cognitive and environmental) necessary for living well (Developing Resources) (see Figure 1).

The purpose of this article is to describe the development, implementation, and evaluation research plan for a TR program designed to address the distal goal of the LWM, “cultivation and expression of one’s full potential including strengths, capacities and assets” (Carruthers & Hood, 2007, p. 280) in outpatient mental health services. The literature on recovery in mental health treatment (Andresen, Oades, & Caputi, 2011), strengths-based practice (Anderson & Heyne, 2012; Carruthers & Hood, 2007; Hood & Carruthers, 2007; Jones-Smith, 2014), positive psychology (Gander & Proyer, Ruch, & Wyss, T., 2013; Linley, 2008; Peterson & Seligman, 2004) and narrative therapy (Tarragona, 2013; White & Epstein, 1990)

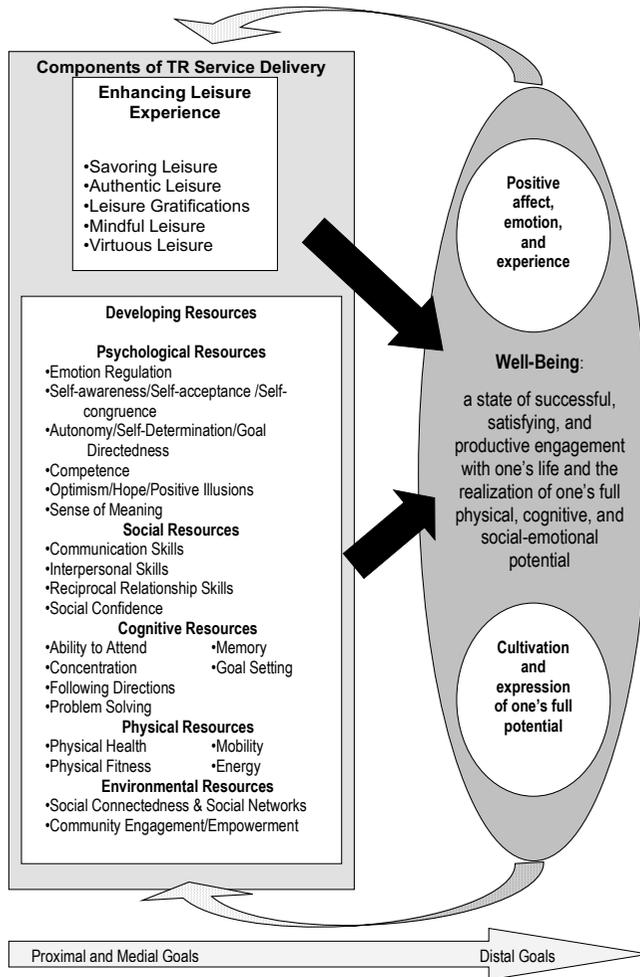
provided the conceptual framework for the application of the LWM to TR services. The resultant program, entitled *Be Your Best Self*, will be described in some detail and the ongoing plans for development and evaluation will be articulated.

## **Recovery as a Context for TR Services**

Prior to developing, implementing, and evaluating TR programs for people with mental health issues, it was important to consider the literature underlying treatment philosophies for mental health services. This review started with an examination of the intersection between the LWM and issues related to the concept of recovery in mental illness. Recovery, most simply defined, refers to living well with mental illness (cf. Davidson, 2003; Deegan, 1996). “Psychological recovery refers to the establishment of a fulfilling, meaningful life and positive sense of identity founded on hopefulness and self-determination” (Andresen, Oades, & Caputi, 2003, p. 588). It is an ongoing process, rather than an outcome for which to strive, and, importantly, does not require the elimination of symptoms in order to live well (Andresen et al., 2011; Clark, Oades, & Crowe, 2012; Davidson, 2003; Provencher & Keyes, 2011).

## **Recovery, Strengths and Sense of Self**

Many authors have connected the concept of recovery to the recognition and mobilization of personal and contextual resources. “Recovery is often described as a process in which an individual confronts challenges using a unique combination of strengths, vulnerabilities, and available resources” (Onken et al., 2007, p. 10). Internal resources include those strengths that support engagement in life



**Figure 1.** Components of the Leisure and Well-Being Model

and include such things as hope, sense of agency, self-determination, meaning and purpose, self-awareness, positive sense of self, and acceptance of change (Andresen et al., 2003; Holttum, 2012; Onken et al., 2007). These strengths often support connections to the community and to others, thus impacting external resources (Andresen et al., 2003; Ochocka, Nelson, & Janzen, 2005). The degree to which these positive qualities and strengths can be incorporated into a self of sense

has a significant impact on the quality of life of individuals with mental health issues (Andresen et al., 2003; Onken et al., 2007).

Andresen and colleagues (2011) suggested that recovery occurs in five stages (i.e., Moratorium, Awareness, Preparation, Rebuilding, and Growth) and that there are four component processes that cross all these stages. These four processes are 1) finding and maintaining hope, 2) taking responsibility for life and well-

being, 3) renewal of the sense of self and building a positive identity, and 4) finding purpose and meaning in life. Without these four essential accomplishments, Andresen and colleagues (2011) suggested that living well is substantially more difficult, if possible at all.

Onken and colleagues (2007) spoke directly to the importance of developing a positive, strengths-based narrative in the process of recovery, stating, “re-authoring is a pivotal task in the recovery process, perhaps the primary mechanism of personal growth” (p. 13). They suggested that the process of telling one’s story, questioning and reflecting back on that self-narrative, and progressively creating a more holistic strengths-based narrative is essential for living well with mental illness. In fact, the process of articulating one’s personal story can be in and of itself healing, as experiences of trauma, stigma, and symptoms can be translated into resilience and strength, and integrated into an overall more positive sense of self. Recognizing and owning personal strengths is a central task of re-authoring one’s personal story (Andresen et al., 2003). “Recovery involves replacing a view of the self as centered on a psychiatric disability to that of one who is a whole person facing challenges, thus broadening the telling of one’s life story through the transformation of suffering into a significant life experience” (Onken et al., 2007, p. 13).

### **Recovery and the LWM**

Given the literature related to recovery, we examined the LWM to determine how utilizing the model could best contribute to recovery in mental illness. It was apparent that some of the sub-components of the LWM were identical to the characteristics and processes of recovery (i.e., engagement, hope, sense of self, sense of agency, autonomy and

self-determination, meaning and purpose, social and community engagement). For a more detailed description of the LWM, see Hood and Carruthers (2007). We could have developed a number of programs to address one or more of the sub-components of the LWM that overlap with the components and processes of recovery (Hood & Carruthers, 2016). However, it appeared that many of the conceptions of recovery (Andresen et al., 2011; Davidson, 2003; Holttum, 2012; Onken et al., 2007; Provencher & Keyes, 2011) also connected directly to the distal outcomes of the LWM. Having the capacity to increase positive emotion and experience on a daily basis directly links with activation and taking responsibility for life and well-being, as well as with finding and maintaining hope. Learning to focus on the cultivation and expression of one’s full potential relates directly to building a positive identity and finding meaning and purpose in life. As such, we decided to develop, implement and evaluate two programs—one designed to address positive emotion (Happy Habits) (Krentzman, 2013; Layous, Chancellor, & Lyubomirsky, 2014; Layous, Chancellor, Lyubomirsky, Wang, & Doraiswamy, 2011; Moran & Nemeč, 2013) and one to address the development of a strengths-based identity (Be Your Best Self) (Biswas-Diener, Kashdan, & Minhas, 2011; Buck et al., 2013; Gander & Proyer, 2013; McLean & Pasupathi, 2012; Poole, Gardner, Flower, & Cooper, 2009; Rashid, 2009; Schrank, Brownell, Tylee, & Slade, 2014; Slade, 2010; Wisdom, Bruce, Saedi, Weis, & Green, 2008; Yanos, Roe, & Ly-saker, 2010). The Happy Habits program was summarized previously (Hood & Carruthers, 2016). The Be Your Best Self program is described in detail below.

Interestingly, the decision to focus on the distal goals of the LWM, with their

strong ties to the mental health recovery literature, facilitated our ability to articulate the value of the programs to administrators, staff, and clients. It also allowed us to identify and use a number of standardized measures designed to support the evaluation of the effectiveness of the programs. And while the formal evaluation has not been completed, preliminary feedback suggests that these two topical areas (Happy Habits and Be Your Best Self) are highly valued by clients and that clients can track positive changes in key areas.

### **Be Your Best Self Program**

The Be Your Best Self program was designed and implemented by the first author with support of the mental health and therapeutic recreation staff at the agency. The program was initially planned to be an eight-week, one-hour-per-week TR program for clients in outpatient mental health services that explored personal strengths and identified the connections between strengths, leisure, and well-being. It was very clear through our interactions with clients in mental health services that they had great difficulty in identifying any personal strengths and that they struggled to find the motivation to engage in any meaningful activity, including leisure. It seemed that they felt defined by their mental illness; and in the midst of the struggle to recover, they had difficulty seeing that they possessed strengths that could assist them in their recovery. We felt that if we could support clients to shift their views of themselves and their self-narrative towards a more strengths-based perspective, they would feel more empowered in their own recovery and, as a result, they could create a more balanced and engaged life.

To date, the program has been implemented six times and after each imple-

mentation the program was revised based on client and therapist feedback. In addition, after each implementation we explored strategies for evaluation and have subsequently incorporated many of these strategies into the program itself. The program is now 12 weeks long, 1.5 hours a week, and incorporates several other issues identified by clients and staff related to knowing and using strengths, sense of self, hope and empowerment. The clients who were involved in the programs identified many of these additional topics as something that they felt would have been helpful.

In order to address the clients' perceptions that they did not have the capacity to create a better life for themselves, we also incorporated research and interventions from narrative therapy, post-traumatic growth, and acceptance and commitment therapy (ACT). Narrative therapy suggests that people make meaning of life events by creating stories that represent their experiences. They tell these stories to themselves and to others, and often these stories determine what people notice and that to which they pay attention. So if the dominant story is one of illness, disability and failure, then the individual is less likely to notice incidents that contradict this overarching story. As Freedman and Combs (1996, p. 16) stated:

Narrative therapists are interested in working with people to bring forth and thicken stories that do not support or sustain problems. As people begin to inhabit and live out the alternative stories, the results are beyond solving problems. Within the new stories, people live out new self-images, new possibilities for relationships and new futures.

The literature on posttraumatic growth (PTG) related to narrative construction as well, suggests that it is possible to transcend trauma and difficulty and to discover hidden capacities and interests as a result of trauma (Sodergren & Hyland, 2000b; Tedeschi & Calhoun, 2004). Throughout the program, we discussed with the clients the challenges of mental illness while at the same time exploring what they discovered as a result of hardship. We also directly addressed posttraumatic growth in one of the sessions and used a PTG assessment before and after the program to measure change.

Finally, we incorporated aspects of ACT into the program. Acceptance and Commitment Therapy suggests that it is possible to learn to tolerate uncomfortable feelings in order to accomplish personally meaningful goals (Harris, 2009). As such, it is important to identify values and goals, as well as to learn strategies to navigate and accept feelings, such as fear, anxiety, and sadness, as an inevitable part of life without allowing them to derail one's change efforts. This overarching notion of accepting uncomfortable feelings in the service of creating a better sense of self was woven in throughout the program.

### **Structure of the Program and Evaluation Plan**

The Be Your Best Self program is very structured and incorporates evaluative practices in every session. In general, each session begins with a check-in about responses to the previous week's session and homework. Often this discussion can take the first 15 minutes of the session as clients want to recount successes and challenges related to the previous week's material and homework. We then introduce the topic for the week and engage in an ice-breaker activity related to the topic

of the week. We also provide a package of materials that go with each session (a handout summarizing the content, learning activity(s) to complete in session, homework and a postsession evaluation, all to be kept in a folder designated for this program). Homework is given each week and is generally focused on using the strategies discussed in group in real life at least twice during the following week and/or preparing for the upcoming session. We often discuss the importance of using the ideas and noticing the results, stating, "learning new skills and ideas is only helpful if you practice using them." The clients have reported consistently that while the homework was sometimes challenging to complete, it was also very helpful and motivated them to think about the ideas outside of group. We also incorporate a post-session evaluation in every session. This evaluation is based on social validation (Carruthers & Hood, 2002; Foster & Mash, 1999) and we ask clients to indicate the importance of the topic to them and to their recovery, the degree to which they feel they have learned skills associated with the topic, and their confidence in using those skills. At the beginning of each session, we go back to the previous week's evaluation to allow the clients to indicate if there has been a change in their perceptions over the week. This gives us some indication of the usefulness of the homework exercises.

Finally, we include in the program several pre- and posttest measures that help the clients (and us) to assess the value of the program in facilitating meaningful change. Thus far, we have used three such measures. The first, the Mental Health Continuum Short Form (MHC-SF) (Keyes, 2009) was used to examine changes in overall well-being. The 14-item scale measures emotional well-being

(frequency of positive affect), psychological well-being (Ryff & Singer, 1998), and social well-being (Keyes, 2002). The second scale used was the Strengths Knowledge Scale developed by Govindji and Linley (2007). This eight-item scale measures the extent to which participants are aware of the strengths they possess. The final scale that was used was the Silver Lining Questionnaire (Sodergren & Hyland, 2000a, 2000b). This 38-item scale assesses the degree to which participants can identify positive outcomes arising from the experience of illness or distress.

### **Content and Process of Be Your Best Self**

The first section of the program focuses on understanding the role of narrative in shaping experience and the potential for shifting how we construct our own narratives. Session 1 introduces the concept of narrative. We suggest to the clients that the sense of having a personal identity originates in the act of storying our experiences in the world so that the stories can be shared with others and reflected upon for new self-understanding (White & Epstein, 1990). We play two versions of the same song for clients to listen to and discuss how experiencing the song in a different style and/or tempo evokes different emotions and responses to the music. This is a metaphor of how we choose to tell our story; the story might be the same but what we focus on and how we tell it to ourselves and others impact the effects of that narrative on overall well-being. The homework in session 1 involves completing a worksheet that includes a set of questions related to how the client defines him/herself in the past and in the present.

Session 2 continues the exploration of narrative and introduces the concepts of dominant and alternative stories. We

start the session with a review of the previous week's session and the homework. Next we brainstorm the numerous challenges associated with having a mental illness, followed by an exploration of what strengths and capacities might be discovered as a result of living with a mental illness. A *dominant* story links a series of experiences in life and connects them in a way that makes sense, but also leaves out many events and experiences that could also be important (Morgan, 2000). It is like one has a highlighter for their life story and goes through highlighting some things and not others. When the events highlighted represent only a small part of a life or primarily the challenges and deficits, then the dominant story can have negative effects on well-being. An *alternative* story is another version of the same story with different parts of that experience emphasized or highlighted (Morgan, 2000). It might be helpful to start paying attention to parts of the story that are not necessarily highlighted, but that could be highlighted and incorporated into a more balanced story—creating a story that incorporates both strengths and challenges. The learning activity for this session is to work with a partner to identify how the client might describe him/herself through the lens of mental illness. On a worksheet, each client would identify those parts of his/her story that reflect challenges associated with mental illness and strengths that might have been discovered as a result of mental illness. The homework consists of a continuation of the first week's homework in which the client records challenges and strengths associated with mental illness.

The second section of the program is focused on exploring personal strengths in order to create a more complex self-narrative. Session 3 introduces the concept of strengths and invites cli-

ents to participate in a discussion of what strengths might be and how knowing and using our strengths is beneficial for recovery and living well. We show two video clips that connect the development of neural pathways to the creation of narrative; the first clip explains our propensity to focus on the negative as explained by brain science (the negativity bias) and the second clip discusses ways to change neural pathways in the brain. Finally, we create a bookmark that identifies a number of our personal strengths and can be used to keep our place in the workbooks. The homework for this session is a guided journal/reflection. Clients are asked to identify a strength/talent/ability that they used that day, to describe the activity in which they used the strength, and to identify how they feel after using their strength. They are instructed to complete this twice during the upcoming week.

Sessions 4 to 6 are designed to help clients begin to think about their strengths from a variety of perspectives. Session 4 uses the literature related to Multiple Intelligences to help clients think about the various strengths they possess. The model of Multiple Intelligences was proposed by Howard Gardner in his 1983 book *Frames of Mind: The Theory of Multiple Intelligences* (Gardner, 2011). Gardner identified eight abilities that represent various kinds of intelligence: musical–rhythmic, visual–spatial, verbal–linguistic, logical–mathematical, bodily–kinesthetic, interpersonal, intrapersonal, and naturalistic. Clients complete a Multiple Intelligences Scale (Multiple Intelligences for Adult Literacy and Education, n.d.) prior to the group and we then discuss what their highest scores tell them about their intelligence and strengths. We brainstorm activities from a variety of life domains, including leisure that might be of interest to people with

each of the different intelligences. We complete a worksheet in which the clients identify their top four intelligences and at least one activity that they currently do that capitalizes on each of those areas of intelligence. The homework for the session is twofold. First clients are asked to identify two new free time activities for each of their top four intelligences that they might be willing to try. Second, clients are instructed to complete a journal assignment two times during the week. In this reflective journal, clients are asked to identify a multiple intelligence that they used that day, to describe the activity in which they used that intelligence, and to identify how they feel after using their intelligence.

Session 5 uses a familiar personality assessment (Colors of Personality) to illustrate another set of strengths that clients might possess. The concept of personality is introduced as a pattern of characteristic thoughts, feelings, and behaviors that persists over time and situations. Personality strongly influences one's expectations, self-perceptions, values and attitudes. It also predicts human reactions to other people, problems and stress (Ebstrup, Eplov, Pisinger, & Jorgensen, 2011). As part of the homework for the previous week, clients were asked to complete the Colors of Personality Scale. We score the scale in this session and review the results, discussing the meanings of the four different colors relating them to personality types. After general discussion, clients read through the detailed description of their top color(s) and highlight those descriptors that represent them. They then identify which of the characteristics associated with their top color(s) best represent them and transfer those characteristics to a worksheet. Next, working in partners, they brainstorm a number of free time activities in which that particu-

lar characteristic could be expressed and/or developed. The homework this week is another reflective journal. In this journal they are asked to identify something that they did that day that taps into one of their top personality qualities and to rate this experience in terms of resultant positive feelings (positivity, energy, etc.) on a 5-point scale.

The last session that explores strengths directly is Session 6 and this session examines leisure as a lens through which to discover strengths and abilities. The first part of the session involves a discussion of leisure and its defining qualities (relatively freely chosen, generates positive emotion, expresses valued aspects of self, and creates feelings of competence in personally meaningful ways). We brainstorm ways in which leisure may have value in living well with mental illness. We then ask the clients to identify a number of free time activities (leisure) they have participated in at some point in their life. Using a worksheet, we ask clients to select one activity that they feel really represents them and pair them together for discussion in which they identify strengths and capacities necessary for participation in that activity. For example, a client may identify knitting as an activity that represents them well. The kinds of strengths and capacities required by knitting might include fine motor skills, ability to follow directions, concentration, a sense of color and color combinations, creativity, problem solving, and tenacity. The homework this week involves engaging in a preferred leisure activity at least twice and for each time, completing a reflective journal that assesses a number of feeling states, each, again, on a 5-point scale.

The third section of the program is focused on exploring ways to use

strengths and capacities to create a preferred life. When individuals use their strengths, they feel energized, competent, in control, and for a moment, they may feel like they are more than the sum of their problems (Linley & Biswas-Diener, 2010). As such it is important to identify ways in which clients can use their strengths often. This section also examines what living well would mean to the clients and how strengths support that goal. Concepts of PTG are introduced in this section as well to illustrate how strengths can be illuminated and a preferred life can be created in the aftermath of hardship and illness (Tedeschi & Calhoun, 2004).

Leisure is an ideal context in which to select activities that tap into strengths and capacities because these activities are generally freely chosen with the expectation of a positive experience. However, many participants do not recognize the breadth of possible leisure engagements. Session 7 uses a modified version of the LeisureScope (Schenk & Leisure Dynamics, 1998). The LeisureScope uses 45 visual comparisons to determine participants' preferences for 10 broad categories of leisure (Games; Sports; Nature; Collection; Crafts; Art and Music; Education, Entertainment and Cultural; Volunteerism; Organizational; and Adventure). In addition, the scale identifies feelings that arise from participation in the various categories of activities. At the completion of the scale, participants are asked to give feedback on the experience and to consider the value of selecting personally meaningful free time engagements as a means to create a better life. The homework this week involves identifying a number of specific leisure pursuits within each participant's top three categories of leisure interest.

Session 8 explores the notion of selecting leisure engagements to purposefully tap into strengths. The session begins by reviewing the worksheet completed in the previous week that identifies areas of leisure interest and specific activities that fall within the broad categories (arising from the LeisureScope). Clients are asked to rank the activities they identified as easiest to do (what they can do when they least feel like doing something), (1); hardest to do (activities they can do that require the most energy, initiative, equipment, or skill), (3); and moderately difficult (all the other activities that are neither particularly easy nor hard to do), (2). This exercise encourages clients to begin thinking about engaging in leisure activities regardless of how they are feeling and to match the requirements of the activities with their energy and motivation levels. We talk often about using free time engagement to create the possibility of feeling better and suggest that even when they are feeling low, there are things they can do that don't take much energy or initiative that might help them to feel a bit better. We then discuss the power of leisure in allowing us to develop and express our strengths and how using strengths can create feelings of enthusiasm, competence and satisfaction. Clients then complete a worksheet with a partner where they identify three personal strengths and create a list of leisure activities that tap into those strengths, ranking the activities from easiest to hardest. We close the session with a discussion of barriers and facilitators to leisure and brainstorm ways to overcome barriers. The homework for this session involves participating in a leisure activity that expresses a strength twice during the following week and completing a reflective journal on each of those experiences. The journal helps clients to articulate how

it feels to use strengths in leisure and how they overcame any participation barriers that arose.

Session 9 is designed to help clients envision their best possible life and best possible self (Sheldon & Lyubomirsky, 2006; Tarragona, 2013) and to begin identifying steps that they could take to move toward these goals. We use the metaphor of going on a trip, discussing the importance of having a destination. If we don't have an idea of where we are going and why it is important, it is hard to weather the detours and storms that are a normal part of the trip. The clients use a worksheet to interview each other about their Best Possible Life. The worksheet includes a number of questions related to what their best possible life might look like, the strengths that support this life, and what could they do to begin to move towards it. Homework for this week is a continuation of this activity in that clients complete a guided writing assignment that allows them to articulate their best possible self, their strengths and the role of leisure in achieving their best self.

Session 10 takes some of the steps identified in the Best Possible Life exercise and examines the value and process of creating attainable goals associated with moving towards a best possible life. Initially, we identify a goal that might be common to many participants (i.e., self-compassion) and we brainstorm some of the smaller steps that can be taken to achieve this self-compassion, e.g., noticing critical self-comments (journaling); using positive self-statements; accepting uncomfortable feelings (mindfulness); practicing self-soothing (acts of kindness to self); creating a positive environment (both people and space); and learning about other strategies for self-compassion. Then each participant identifies a goal that is personally relevant and arises

from the best possible life exercise and generates a number of small steps that can be taken towards that goal. We also discuss how personal strengths support the attainment of goals and the best possible life. We end the session with a discussion of how thoughts can be a barrier in working towards goals. We discuss a strategy of using “and” statements in connection with negative self-talk (i.e., I am unmotivated AND I keep coming to group to try to feel better). Clients complete a worksheet that links goals and negative self-statements and instructs them to generate positive “and” statements. The homework requires them to use a positive “and” statement twice during the following week when they notice a negative self-statement and to rate the experience on a 5-point scale measuring various feeling states (i.e., control, hopefulness, competence)

Session 11 directly introduces concepts of post-traumatic growth (Turning Lemons into Lemonade) with an emphasis on identifying strengths associated with the experience of mental illness and strategies to move forward in recovery. We discuss examples of people who have experienced serious life changing events and how they were able to respond to those events (i.e., Christopher Reeves and Captain Dan from *Forest Gump*). We then discuss what might make a difference in terms of how a person responds to having a mental illness and what might help in seeing any positive outcomes associated with living with mental illness. Participants complete a worksheet in which they identify specific challenges associated with living with their illness and positives they have learning about themselves as a result of those challenges. At the end of the session, clients complete the Silver Lining Questionnaire again and compare their scores to the scores from

the first week. Their homework is to practice looking for the positive in difficult or uncomfortable experiences and to identify how they feel after doing so.

The final session of the program, Session 12, is designed to help participants reflect on the totality of the program and to examine the ways in which the program has supported positive changes in the way they think about themselves and the way they create a self-narrative. We first review/brainstorm what the program has been about (narrative construction; the experience of mental illness; strengths discovery; the role of leisure in identifying, using and developing strengths; thinking about best possible life and best possible self, goal setting, and making lemonade out of lemons). Participants complete a guided activity in which we use the image of a daisy and on each petal identify aspects of themselves about which they have learned in the program, with challenges of mental illness written on only one petal of the daisy. They discuss and share what the daisy means to them and about them and what they have learned as a result of the program. We end by completing the MHC-SF and the Strengths Knowledge Scale and comparing the results at the end of the 12-week program to the results obtained before the start of the program.

## **Future Evaluation and Research Plans**

Mueser and Drake (2005) outlined the steps required in the development of evidence-based mental health practice. The four steps that they suggested are 1) articulation of the problem area, 2) identification of possible treatments, 3) pilot testing the intervention, and 4) controlled evaluation of the intervention (p. 226). To date, we have completed the first three

steps. We have identified the goals of the program and the clients for whom it is appropriate. We have examined possible treatments by examining the literature related to recovery, to behavior change for individuals with mental health issues, and to strengths-based therapeutic recreation practice and the LWM. We have pilot tested the intervention six times and have curricularized the program in a manual. We have also pilot-tested parts of the evaluation protocol to determine if the measures are feasible and helpful for clients to complete.

There are several “next steps” in the development and evaluation of the *Be Your Best Self* program. First, the program will be implemented by other TR staff in the agency to determine whether the intervention can be “implemented in a manner consistent with the treatment model” (Mueser & Drake, 2005, p. 233), otherwise known as fidelity. This will be accomplished by having the researcher observe sessions facilitated by the TR staff in the agency and compiling data related to the correspondence between the session facilitation and the curricularized manual. The researcher will also interview the TR staff after each session to determine what areas of each session plan were clear or unclear.

The second step in the further development of this program is to conduct a controlled evaluation (Drake, Merrens, & Lynde, 2005). Initially, formal evaluation data will be collected during and after each implementation of the program. This kind of “rigorous single case study design, replicated over multiple persons, can provide compelling evidence for the effectiveness of an intervention” (Mueser & Drake, 2005, p. 234). The formal evaluation data will include pre- and post-measures related to Stages of Recovery (Stages of Recovery Instrument, STORI)

(Andresen, Caputi, & Oades, 2006), well-being (MHC-SF) (Keyes, 2009), post-traumatic growth (PTG Inventory) (Tedeschi & Calhoun, 1996), and strengths awareness (Strengths Knowledge Scale) (Govindji & Linley, 2007). In addition, the relevance and effectiveness of each session will be assessed using a social validation process, completion of homework, and achievement of session goals. Finally, six weeks after the end of each implementation, a focus group will be conducted with participants to determine what component(s) of the program were effective and helpful in supporting movement towards redefining themselves and improved well-being.

Finally, we anticipate conducting a randomized controlled trial (RCT). An RCT is defined as a process “in which consumers are randomly assigned to receive one of two interventions (which can include ‘treatment as usual’ or ‘wait-list’ control groups) and are then followed up and evaluated after treatment to determine which intervention is most effective” (Mueser & Drake, 2005, p. 222). RCT research provides the strongest support for evidence-based practice.

## Conclusion

The creation of a self-narrative that includes both challenges associated with mental illness and strengths and capacities is an essential part of living well with mental illness (Andresen et al., 2011; Clark et al., 2012; Davidson, 2003; Ochocka et al., 2005; Onken et al., 2007). The identification of strengths and capacities and the role of leisure in illuminating and developing these strengths are essential tasks in the process of creating a balanced self-narrative (Buck et al., 2013; Tarragona, 2013; Wisdom et al., 2008). The LWM provides one framework from within which to conceptualize TR inter-

ventions that support clients to integrate strengths, leisure engagement and a story of self in such a way as to enhance well-being. The description of the Be Your Best Self program demonstrates the use of TR concepts, mental health recovery concepts, and various theories of intervention to create an engaging and meaningful TR program designed to enhance a strengths-based identity.

This article also describes a process through which evidence-based practice evolves (Drake et al., 2005; Mueser & Drake, 2005). First, literature and research about an issue are examined care-

fully. Second, this literature is translated into an intervention plan, which articulates content and process of a specific TR program (in this case, one designed to cultivate the strengths and resources necessary for clients to attain their most valued lives). Third, various forms of evaluation are explored and pilot tested with the aim to refine the specific evidence-based program. Fourth, a detailed manual for implementation is created and tested with different facilitators. Finally, research evidence will be collected to explore the effectiveness of this theory based TR intervention plan.

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