ST VINCENT’S MELBOURNE

STRENGTHS BRAINSTORMING

MENTAL HEALTH

Date of Review (brainstorming): ____________________________

Date of Strengths Assessment: (If there are any additional strengths that can be added or expanded upon prior to group supervision, please do so) __________/________/________

What is the Client’s Goal(s)? (This can reflect what is most important or meaningful to the person at this time and / or future goal that holds some passion for the passion for the person. If you do not know what that is at this time, you can state that here.)

What would I like help with from the Team? (This should be a simple statement used to guide the Team in brainstorming. It may be related to helping the person achieving the goal(s), overcoming barriers or challenges related to achieving the goal(s), helping the person to identify a recovery goal, or ideas for engaging the person in a working relationship.)

Overview of the Current Situation: (This can be a brief snapshot of where you are at now in relation to helping the person to achieve or identify a goal you have tried so far.)

Team Brainstorming:

1. 

2. 

3. 

4. 

5. 

6. 

7. 

STRENGTHS BRAINSTORMING – MENTAL HEALTH – ST VINCENT’S MELBOURNE