

# OPTIONAL MODULE 9: STRENGTHS



FOR STAFF ONLY

UR Number: .....  
 Surname: .....  
 Given name: .....  
 Date of birth: .....  
 (Please fill in if no label available)

**PURPOSE OF MODULE**

To map out a clients strengths.

**WHO CAN ADMINISTER THIS MODULE?**

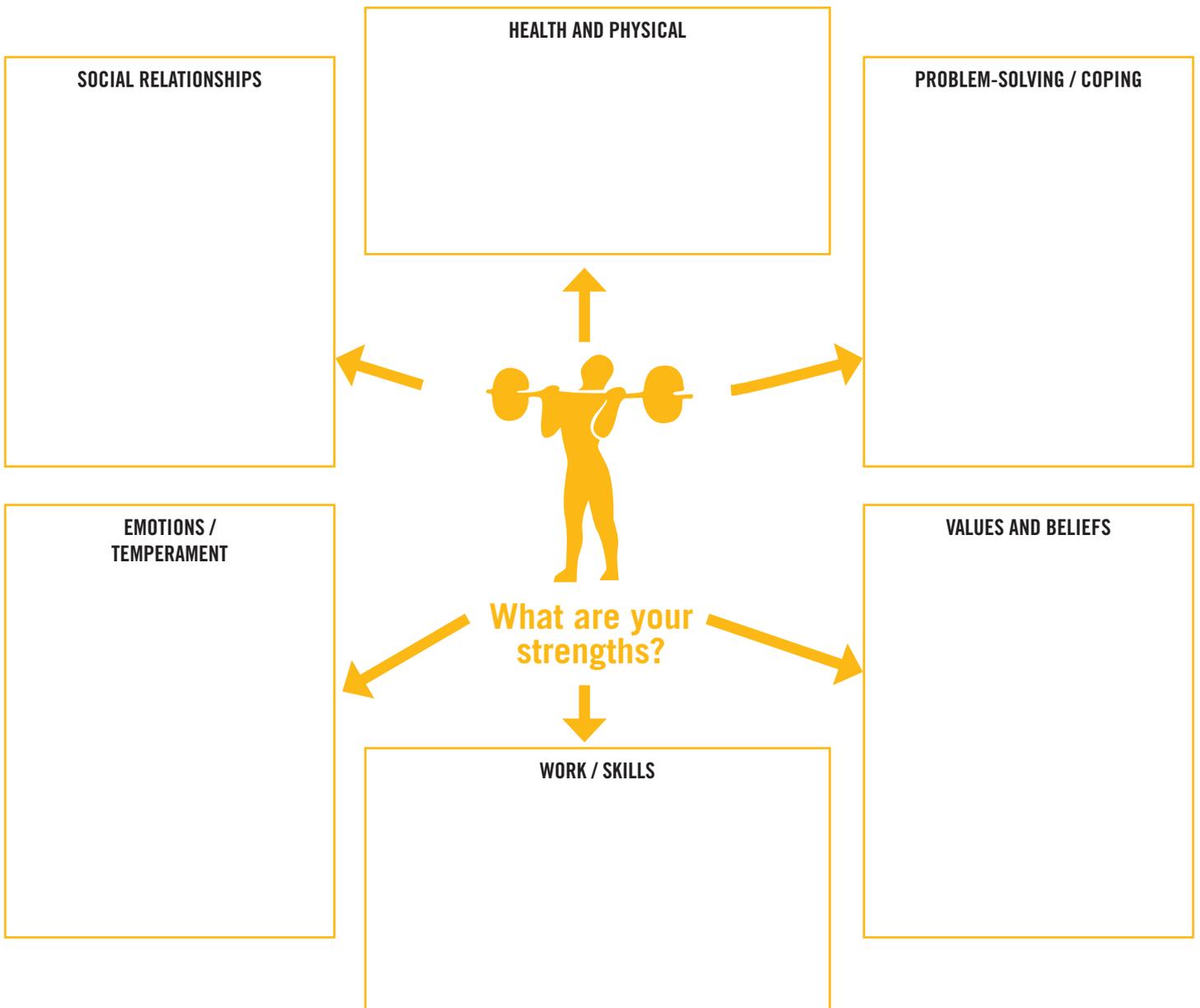
This module can be completed by the client with the clinician assisting through prompts that draw attention to strengths the client may have missed.

**INTRODUCTION FOR CLIENT**

“Now I'd like you to think about some of the strengths you possess that might help you to meet your goals. And we'll map these out on this form.”

**INSTRUCTIONS**

1. Provide the client with a pen and invite them to list their strengths.
2. If they are struggling, prompt them with possible strengths that you have noticed the client possesses (Optional Module 8: Assessment of Recovery Capital may be a good starting point).
3. Give client a copy of their strengths map to take home as a resource they can refer to as desired.



FOR STAFF ONLY

Clinician name: .....

Position: .....

Signature: .....

Date: .....