

29 Regarding the Asians & Pacific Islanders, Who is More Appropriately Served in ACT?

Since the implementation of ACT specifically designed for the Asians & Pacific Islanders population with severe and persistent mental illness, Orange County Behavioral Health Services has been able to serve the most difficult to engage in services from this community. There are little to no literature defining the meaning of recovery for this community that represents multiple cultures. We hope to share our successes and challenges, especially around the issues of appropriate enrollment and response to a much needed level of care. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 60% DIDACTIC, AND 40% PARTICIPATORY.

Presenters: Clayton Chau, MD, PhD, Associate Medical Director, Orange County Health Care Agency, Santa Ana, California, Assistant Clinical Professor, Department of Psychiatry, University of California Irvine, Irvine, California; Jenny Hudson, MSW, LCSW, Program Manager for Adult & Older Adult Outpatient Services in Orange County; Huong Ngo, MD, Community Mental Health Psychiatrist, all of Orange County Health Care Agency, Santa Ana, California

*30 Training and Support to Prevent Staff Turnover & Burnout

In order to provide training and support to PACT teams across Quebec, the Ministry (MSSS) created The National Centre of Excellence in Mental Health in 2008. A team of research experts and full-time consultants are available to provide teams with training, on-site coaching and consultation, fidelity visits aiming recovery oriented practices, conferences, team leader meetings, training for team leaders and psychiatrists. The consultants will describe the impact of these measures. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 60% DIDACTIC, AND 40% PARTICIPATORY.

Presenters: Miriam Hayes, RN, Administrator, Psychiatric Nurse & Nurse Coordinator, ACT Case Manager, ACT Consultant; Deborah Thomson, BA, ACT Team Leader, ACT Consultant, both of National Center of Excellence in Mental Health (CNESM), Ministry of Health & Social Services, Montreal, Quebec, Canada

31 Building Effective Team Leadership in an ACT Program (Conflict is Correct)

This workshop will demonstrate essential components of a functioning team and the interdependence of those components. We will discuss an ACT program that developed an effective forum for Team communication. The discussion will include issues related to trust, conflict, accountability, commitment and results. Implementation of our schedule and the format of our meeting will be explained. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 70% DIDACTIC, 30% PARTICIPATORY.

Presenters: Martin Celnar, MSW, ASW, Team Lead; Elizabeth Ketcham Whitteker, MSW, LCSW, Administrator, both of Telecare Gateway to Recovery, Pathway to Recovery, and Transition Team; Mary Woods, MFT, MA, MAC, Regional Administrator, Telecare Corporation – San Diego ACT, all of San Diego, California

10:00 - 10:30 AM

Institute and Workshops Beverage Break

10:30 - 12:00 Noon

Concurrent Workshops 32 through 39

32 The Assertive Community Treatment Transition Readiness Scale

Measures designed to help ACT teams identify consumers who might be ready to transition to less intensive services are important for the field. Here, the reliability and validity of the Assertive Community Treatment Transition Readiness Scale (ATR) – a 20-item measure designed to help teams identify consumers who might be ready to transition from ACT – will be presented. Practice, policy and research implications will be discussed. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 65% DIDACTIC, AND 35% PARTICIPATORY.

Presenters: Nikki Bisig, MEd, PCC-S, CDCA, ACT Services Director, Greater Cincinnati Behavioral Health Services, Cincinnati, Ohio; Gary S. Cuddeback, PhD, Assistant Professor, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

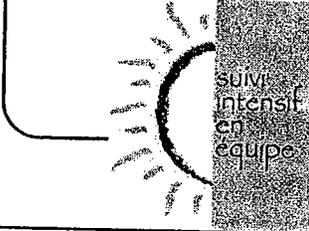
ASSERTIVE COMMUNITY TREATMENT CONFERENCE

HUNTINGTON BEACH, CALIFORNIA
FRIDAY MAY 13TH 2011



Training and support to prevent turnover and burnout

Deborah Thomson Miriam Hayes
CNESM Consultants, Quebec, Canada



May 13th 2011

INTRODUCTIONS



- Deborah Thomson, HRA, Consultant manager, Executive office, Douglas University Institute in mental Health
CNESM Consultant
- Miriam Hayes, nurse, Program manager, CSSS de l'Énergie, Mauricie-Centre-du-Québec.
CNESM Consultant

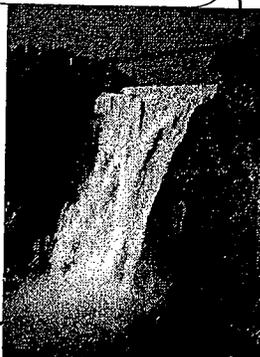
Présentations

- Who are you ?
- From where ?
- Your expectations

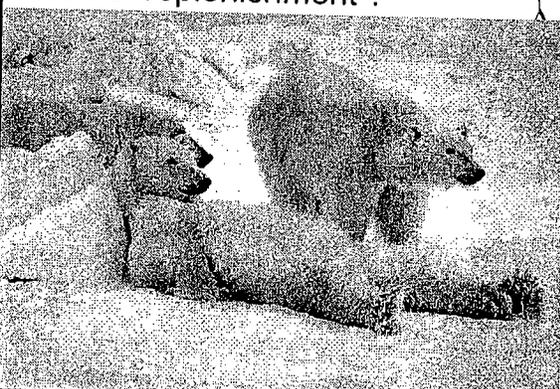


CONFERENCE

- Networking
- Learning
- Having fun
- Replenishment

Need of replenishment ?



* TL meetings quarterly
topic prepared ahead (ethical, etc)

CNESM mandate

The center of excellence in mental health was created in 2008 in order to provide training and ongoing support in the implementation and quality of care of ACT and case management services in Québec



CNESM mandate

- Promotion of EBP in the mental health field
- A team of consultants and research experts are available to provide consultation in clinical and organisation management



~~* go in every 6 months to spend a day with them~~

CNESM mandate

Custom-made help for ACT teams

- Provincial team leader meetings
- 4 Day training for new ACT teams
- In-service training on an ACT team
- Coaching, mentoring and consultation
- Ongoing training (Yearly training day for team leaders and psychiatrist, Dinner-conference for psychiatrists, annual provincial ACT conference, web site)



changed so often for team leader

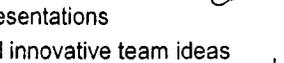
Journée de ressourcement 2011



CNESM WEB SITE

<http://www.douglas.qc.ca/page/cnesm>

- PACT guidelines
- Directory for ACT teams and team leaders in Québec
- Directory for clinical tools
- Directory for job descriptions
- Research articles and literature
- Conference presentations
- Successful and innovative team ideas



calendar?

CNESM mandate

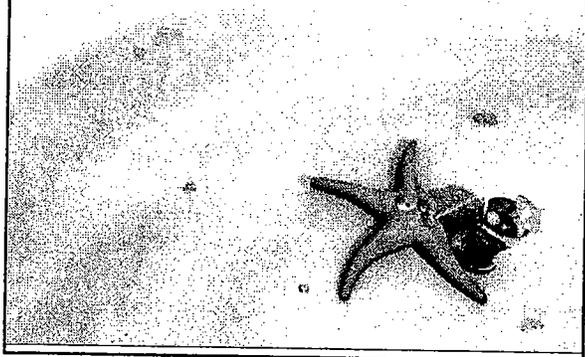
Custom-made help for case management teams

- Provincial CM managers meetings
- 3 Day training for CM teams
- Coaching, mentoring and consultation
- Guidelines in process



forum?

Still in need of replenishment ?



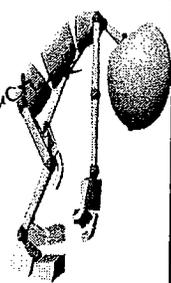
What is important to ACT staff?

- Specialised training
- Working conditions
- Ongoing support
- Recognition
- A good team leader
- Good clients
- Efficient tools
- Flexible schedules



What provokes staff burnout ?

- Difficult clients
- Staff turnover
- Demanding pace
- Lack of organisation - *team structure*
- * • Lack of time - - - *why*
- Difficult team spirit
- Weather conditions
- Lack of support

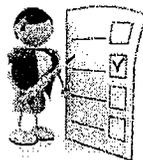


I think you have a burn-out



Survey to ACT staff: 100 answers / 285

- Survey sent in Feb-march 2011
- 5 questions on one page
- Compiled by the CNESM (confidentiality)
- Question 1 and 2 by order of importance : 1 very important to 5 least important
- Several written comments



Survey to ACT staff

The type of support mostly appreciated :

- Speaking with my team leader
- Staff Day (in-service)
- Training
- Recognition
- Other :

Survey to ACT staff

What provokes staff burnout :

- Staff turnover
- Difficult team spirit
- Lack of organisation
- Demanding pace
- Other :



Survey to ACT staff

I receive sufficient support :

- Yes
- No
- Why :

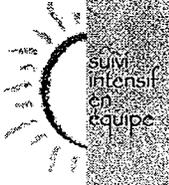
Survey to ACT staff

I will still be working on a ACT team in the next 5 years:

- Yes
- No
- With these conditions:

Survey to ACT staff

1. My ideas to maintain staff interest for ACT teams:



THE RESULTS

The type of support that is most helpful:

- Speaking with my team leader 61%
- Staff Day (in-service) 44%
- Training 41%
- Recognition 52 %
- Autre :



The type of support that is most helpful according to staff survey:

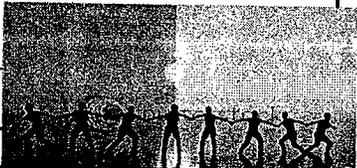
- Team support (50%)
- Clinical supervision and team discussion with psychiatrist
- Recognition from manager
- Support offered from outside of the team
- Fair distribution of workload



THE RESULTS

What provokes staff burnout :

- Staff turnover 35%
- Difficult team spirit 53%
- Lack of organisation 48%
- Demanding pace 45%
- Other : _____



What provokes staff burnout according to staff survey

- Weak leadership and conflict with management
- No psychiatrist on team
- Lack of / retention of staff
- Lack of time and high ratios.
- Difficult clientele
- Weather conditions
- Unfair distribution of workload



THE RESULTS

I am satisfied with the amount of support :

- Yes 77%
- No 19%
- Did not answer: 4%
- Why : _____



Support according to staff survey

Yes :

- My ACT team supports me
- My team leader is available to me
- We benefit from team coaching
- However would need more budget for training



Support according to staff survey

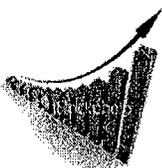
- No:
- Lack of budget for training purposes
- Lack of clinical supervision
- In need of formal structured training
- Not enough time (demanding pace)
- No Staff Days



The results:

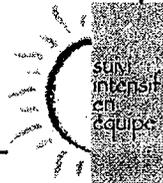
I will be working in ACT in 5 years time :

- Yes 77%
- No 17%
- Did not answer: 6%
- Provided that...



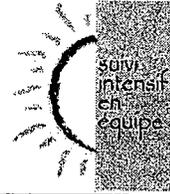
I will be working in ACT in 5 years time provided that : (according to survey)

- Team stability
- Support and recognition from team leader and management
- Support offered from outside of the team
- Improve working conditions
- Provide clinical supervision
- Have access to housing for clients
- Maintain ACT fidelity
- Have a psychiatrist on team
- Safety issues considered
- Have a permanent job
- Reduction of demanding pace



The results:

- How to keep staff interested in ACT according to survey :



How to keep staff interested in ACT according to staff survey

- Ongoing training and ACT conference
- Staff team building
- Recognition
- Working conditions
- Opportunities for replenishment
- Clinical practice
- Ongoing coaching and support



Ongoing training and ACT conference

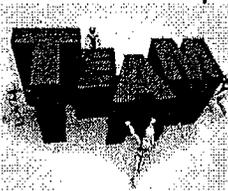
- ACT yearly conference
- Training according to team needs
- Develop and use staff expertise
- Use more strategies to work on rehabilitation and recovery oriented goals
- Improving clinical practice
- Training according to client needs (youth, intellectual limitations, ageing clientele, substance abuse, personality disorders, etc.)
- Training offered by different team members according to expertise

CrossTrain



Staff team building

- Organise regular Staff Days (4X a year)
- Learning from other ACT teams
- Ensure enough time for clinical discussions during team meeting
- Ensure a positive experience for newly employed team members
- Fair distribution of workload
- Cultivate happy and safe working environment



Staff team building

- Promote innovative and creative ideas
- Empower and help team members on a day to day basis
- Use a team schedule (individual)
- Staff selection who demonstrate great teamwork
- Hire nurse clinicians
- Aim for realistic and attainable goals



by team

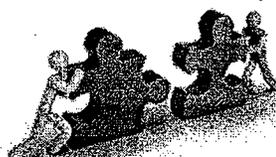
Staff team building

- Share results with clients
- Try new ways of doing things
- Respect the strengths and leadership skills of the different team members
- Organise time for note writing
- Promote good organisational skills
- Promote times in the year for having fun with colleagues



Staff team building

- Intervene quickly when team spirit falters
- Delegate to expertise in team according to problems encountered
- Work on better cohesion between the different professional disciplines in the team
- Regular one on one encounters with team leader



*conflict mgmt / bonding
team recognition*

rearrange workload 1x year

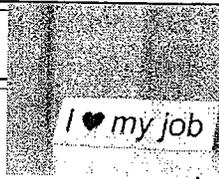
Recognition

- Attention and consideration from management
- Recognition of the ACT team from the establishment
- Staff contribution appreciated by team leader and team members
- Annual staff assessments
- Visits from the CNESM
- Organise the staff day outside ACT offices



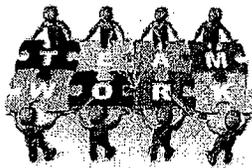
Working conditions

- Psychiatric premiums
- Car cleaning services
- Travelling expenses updated
- Permanent jobs
- Opportunity to work 32h/4 day week
- Flexible working schedule
- Cars provided to teams by employer
- Adequate tools (cell phone, notes written on the road)



Opportunities for replenishment

- Regular Staff Days (2 to 4 X a year)
- Team discussion to review interventions
- Reducing demanding work pace
- Limiting administration topics to profit more of clinical discussions in team meetings
- Opportunities to question our practice instead of providing maintenance
- Organise half Staff Days when needed



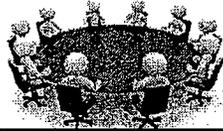
Clinical practice

- Ensure discipline and efficiency
- Establish positive working relationship with partners
- Promote innovative and creative ideas
- Promote a recovery oriented vision instead of maintaining status quo
- Promote an efficient and excellent service to clients instead of preoccupation for quantity of work requirement (statistics requirement)



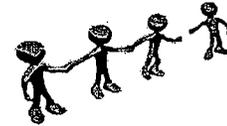
Clinical practice

- Newly employed inexperienced team members could have in-service training on a psychiatric unit in order to better understand mental illness
- Team discussions regarding clinical dilemmas
- Case study team discussions in order to train and practice interdisciplinary clinical deliberation and decision making skills



Ongoing coaching and support

- Regular clinical team supervision
- Individual clinical supervision
- Mentoring the team leaders by the CNESM
- Regular consultations with the team
- Training for the management level
- Offering practical solutions



Study by Rollins, Salyers and al.

Impact of staff turnover in statewide implementation of ACT: relationship with ACT fidelity:

- Specialized training, supervision and implementation efforts invested in personnel
- Few individuals are trained in evidence-based practices like ACT
- Resources invested in recruiting and hiring and orienting, and more intensive training needed in specialised practices



Study by Rollins, Salyers and al.

Impact of staff turnover in statewide implementation of ACT: relationship with ACT fidelity:

- Increase expectations placed on staff who remain with the team thus producing vulnerability for burnout
- Clients must adjust to new therapists replacing those who have left the team
- Therapeutic relationship to rebuild each time someone on the team is replaced
- Staff turnover was negatively correlated with overall fidelity (as turnover increased, fidelity to the model decreased)

Study by Rollins, Salyers and al.

Relationship with ACT fidelity: benefits for clients

- ACT remains one of the most clearly defined and well researched models for individuals with severe mental illness. ACT has received national recognition as an EBP
- Teams that do not follow the model as it was intended, even though core ingredients of ACT have been identified, therefore these teams may not truly be delivering evidence-based care
- Research has shown that high fidelity ACT teams have better consumer outcomes in terms of hospitalisations, substance abuse, treatment retention and housing

Study by Rollins, Salyers and al.

Relationship with ACT fidelity: benefits for team

- Staff turnover on ACT teams seem comparable or better than other mental health and substance abuse treatment programs.
- Significantly less reported burnout, work pressure and more job satisfaction compared to traditional case managers
- Sharing consumer caseloads, teamwork are features that promote unity and organizational commitment among staff
- ACT teams fostered a greater sense of camaraderie and fellowship
- Communication, participatory approach to decision making and mutual support is facilitated among staff

Study by Rollins, Salyers and al.

- EBP indicating ACT teams typically ramp up to high fidelity within the first year and do not fluctuate much after this
- Staff turnover seems to be relatively stable during the first few years of a team's development
- Hiring clinicians who are uncommitted to ACT's multidisciplinary, community based treatment approach will ultimately leave the team
- Relationship between high turnover and low overall ACT fidelity

Study by Mancini, Moser and al.

Facilitators and barriers to implementation

FACILITATOR

- Program standards that closely track fidelity
- Independent technical assistance center with flexible consultation approach/good rapport and alliance with team
- Start-up funding
- Sense of mission conveyed to team, equitable distribution of workload

BARRIER

- Poor consultant-trainer relationship with team
- Insufficient experience of consultant-trainer
- Poor management of internal dynamics and workload
- Less committed or skilled staff
- Failure to retool program operations in accordance with fidelity

Study by Mancini, Moser and al.

Facilitators and barriers to implementation

FACILITATOR

- Effective leadership is essential to implementation
- Understanding of the model
- Fidelity monitoring
- Skilled staff
- Staff responsive to implementation of other evidence based practices (supported employment)

BARRIER

- The most prominent barrier to successful implementation was ineffective leadership
- Insufficient resources
- Failure to empower staff
- Poor organizational skills
- Internal conflict among staff
- Lower-fidelity teams

Study by Mancini, Moser and al.

Facilitators and barriers to implementation

Effective implementation of ACT :

- Technical assistance centers
- Program monitoring
- Committed leadership
- Allocation of sufficient resources
- Careful hiring procedures



**CELEBRATE
RECOVERY**

Warning signs of a team in crisis

- Overuse of hospitalisation and emergency rooms
- Increased staff absence and sick day
- Decrease in diligence and efficiency
- Charting and treatment planning are overdue



Warning signs of a team in crisis

- Attitudes are more negative
- Lost of focus
- Never enough time
- Avoiding issues
- Lack of respect
- Lack of tolerance
- Feeling overworked



Characteristics of a healthy team

- Effective communication
- Goals are clear and accepted by all and makes clinical sense



Characteristics of a healthy team

- Team resources maximised
- Participatory approach to decision making



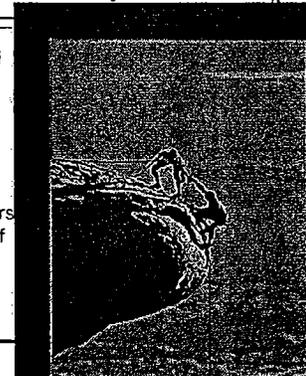
Characteristics of a healthy team

- Positive contribution to staff spirit
- Successful interdisciplinary work
- Different point of view encouraged



Characteristics of a healthy team

- Information transmitted on time
- The successes and failures are shared
- Receptive to give and receive feedback
- Ability to question others and to question oneself
- Capacity to share clinical role



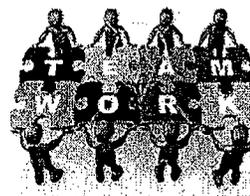
Characteristics of a healthy team

- Appreciating individual team members contribution
- Seeks team motivation
- Accepting of different intervention styles
- Appreciating and seeking innovative and creative ideas
- Team objectives recognised as those of the organisation
- Efficiency, ethical considerations and integrity in decision making procedures



Characteristics of a healthy team

- Adapts quickly to unexpected situations
- Respectful attitudes
- Candour and openness
- Initiative and dedication
- Having fun at work
- Collegiality
- Recognition of team-mates contribution



Characteristics of a healthy team

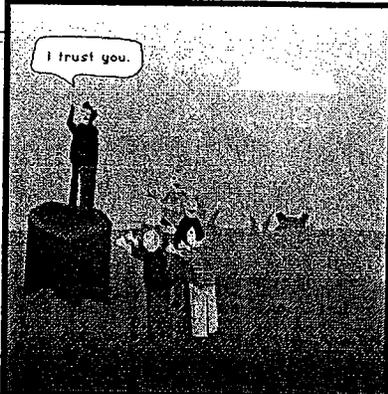
- Integrates best practices
- Aims for program ACT fidelity
- Supports recovery and communicates hope to the clients
- The client in the center of decision making
- Ethical considerations
- Up to date with EBP and treatment options
- Seeks mentoring and coaching

Best Practice

Be audacious...



TRUST YOUR TEAM:



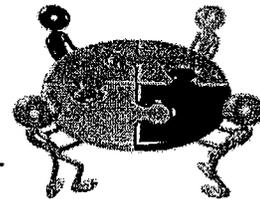
Practical advice

- Be authentic and honest
- Open to feedback
- Get involved in decision making
- Encourage learning opportunities
- Be a good example
- Share in the leadership
- Share accountability
- Celebrate recovery



Practical advice

- Negotiate what can be offered in terms of working conditions (flexibility in schedules, reimbursement for cleaning cars once a year)
- Act quickly to settle any differences
- Be preoccupied with staff morale
- Give and receive feedback respectfully and purposely
- Yearly staff evaluation
- Staff days every 3 months





How a technical assistance center can contribute
The role of technical assistance centers in implementing EBP M.Salyers

- Provides resources and other materials, but also applies a hands-on, systematic approach to high-quality, recovery-focused evidence-based practices for adults with severe mental illness.
- The player-coach role is essential
- In order to implement an EBP, providers must have concrete criteria for doing so

How a technical assistance center can contribute
The role of technical assistance centers in implementing EBP M.Salyers

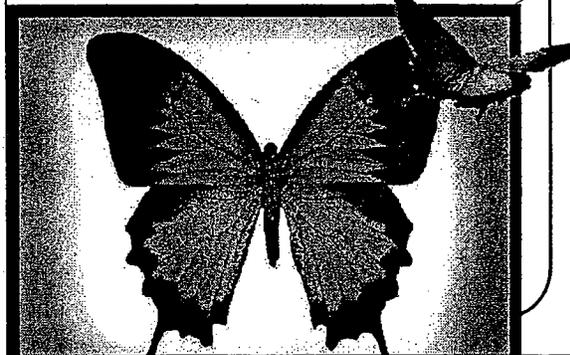
- Standards that are measurable, enforceable, and based on best available evidence are critical.
- Implementation of standards needs to be monitored by ACT experts and done in person
- Development videos and other training tools
- Facilitates networking and support-building activities across programs



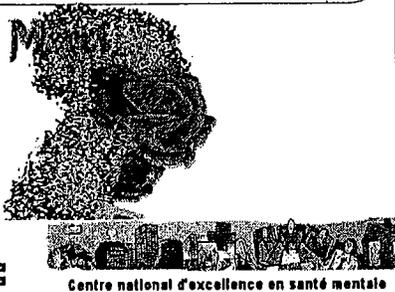
How a technical assistance center can contribute
The role of technical assistance centers in implementing EBP M.Salyers

- Consultation and training are offered free or at minimal charges for state agencies. This helps encourage more participation from sites
- Regional, daylong training workshops for administrators and providers on the basics of ACT
- Regular scheduled ACT training course
- Continue to mentor programs through ongoing on-site visits

"If you treat an individual as he is, he will remain how he is. But if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be." Johann Wolfgang Von Goethe



THANK YOU!



Service of Services sociaux
Québec

Centre national d'excellence en santé mentale

References

- Mancini, A. D., L. L. Moser, R. Whitley, G. J. McHugo, G. R. Bond, M. T. Finnerty et B. J. Burns. (2009). «Assertive community treatment : facilitators and barriers to implementation in routine mental health settings». *Psychiatric Services*, 60(2), 189-195.
- Rollins, A. L., M. P. Salyers, J. Tsai et J. M. Lydick . (2010). «Staff Turnover in Statewide Implementation of ACT: Relationship with ACT Fidelity and Other Team Characteristics». *Administration and Policy in Mental Health*, 37(5), 417-426.
- Salyers, M. P., M. McKasson, G. R. Bond, J. H. McGrew, A. L. Rollins et C. Boyle. (2007). «The role of technical assistance centers in implementing evidence-based practices: Lessons learned». *American Journal of Psychiatric Rehabilitation*, 10(2), 85-101.