

# Assertive Community Treatment

ISSUE 6 SUMMER 2015

MO ACT NEWSLETTER

## Hello from DMH

Burrell Behavioral Health - TAY Team - Columbia

Burrell Behavioral Health—Springfield

Burrell Behavioral Health - TAY team - Springfield

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Compass Health - Nevada

Compass Health – Cass County

Places for People ACT 1 - St. Louis

Places for People Home Team - St. Louis

Places for People IMPACT - St. Louis

Places for People FACT - St. Louis

St. Patrick Center - St. Louis

Truman Medical Center - Kansas City

Greetings everyone! Hoping all have had a wonderful summer and are preparing for the crisp autumn air and the falling leaves of the upcoming season. At DMH we have had a busy summer, including visiting several of your ACT programs and attending some great trainings. One of the upcoming training highlights is the Missouri Coalition for Community Behavioral Healthcare in Branson, MO. on Sept. 15-18. We are especially excited about the 2-day, Enhanced Illness Management & Recovery (IMR) for Co-occurring Illnesses training on Tuesday and Wednesday presented by Lindy Fox. You can learn more about that conference at [www.mocoalition.org](http://www.mocoalition.org).

We are excited also to welcome a new reviewer to our fidelity team. Kelly Orr from the St. Louis area will be joining us very soon. Her background in certification monitoring and familiarity with DMH are a great asset to our fidelity team. She will be attending upcoming reviews with us.

Another great bit of news includes the introduction of a new ACT Transitional Age Youth (TAY) team to the ACT family. Compass Health (Pathways Community Health) is gearing up to start serving TAY clients in the Cass County area this month. This is near Kansas City. We welcome Kristy Kauffman and her new team of providers to our Missouri Teams.

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## Resources



**Center for Evidence-Based Practices at Case Western Reserve University**

<http://www.centerforebp.case.edu/>

**Individual Resiliency Training (IRT)**

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

**Copeland Center for Wellness and Recovery**

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

**Dartmouth Supported Employment Center**

<http://www.dartmouthips.org/>

**Missouri Peer Specialist**

<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>

**SSI/SSDI Outreach, Access and Recovery (SOAR)**

<http://soarworks.prainc.com/>



Missouri  
Assertive  
Community  
Treatment  
Newsletter  
Issue 5

# WELCOME NEW FACES AND TEAMS!

**We want to welcome those individuals that have recently joined our ACT teams!**

Pathways :

**Angela Meyers-Schlup – Peer specialist**

St. Patrick Center:

**Keith Juzwicky – Peer Specialist**

Family Guidance:

**Margaret Goodman – Peer Specialist**

Places for People IM-PACT Team:

**Sean Arnold – Peer Specialist**

Compass Health:

**ACT TAY Team in Cass County**

**Herbert Lomax – Mental Health Specialist**

**Kristy Kauffman – Program Director/Team Leader**

Places for People Home Team:

**Genera Hodges – New team leader**

**Loretta Schoemehl – Vocational Specialist**

Burrell Behavioral Health - Columbia area TAY Team:

**Katie Chaffinch – caseworker**

Ozark Center

**Melinda Taylor – RN**



**Missouri ACT is on the web!**

<http://dmh.mo.gov/mentalillness/provider/act.html>



## ACT Tips & Tools of the Trade

Illness Management and Recovery (IMR) is an effective psychosocial treatment approach for ACT adult clients. How can the principals of IMR work for transitional age youth (TAY)? It can! It is called Individual Resiliency Training (IRT).

IRT is a modular-based intervention for individuals recovering from a first episode of non-affective psychosis. Its primary

aims are to promote recovery by identifying client strengths and resiliency factors, enhancing illness management, teaching skills to facilitate functional recovery (and to achieve and maintain personal wellness).

The program is comprised of 14 modules that are part of the larger, team based NAVIGATE program. IRT addresses multiple domains of im-

pairment, including illness self-management, substance use, residual and/or emerging symptoms, trauma and PTSD, health and functional difficulties.

IRT can be implemented within TAY ACT teams as a valuable part of helping clients achieve personal goals and overcome barriers.



“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.”

~Barack Obama

For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/mentalillness/transitionalageyouth.html>

## TEAM MEMBER SPOTLIGHT:

**Name:** Jessica Jacobs

**Team:** Impact at Places for People

**Position:** Assistant Team Leader

**How long have you been on the team?**

2 years

**What is your favorite food?**

That's a tough one, because I love so *very* many foods. My favorite would probably be buffalo wings and cheese fries. I'm obviously a health food buff.

**What is your favorite part about being on an ACT team?**

I love working as a team. It's great to have other team members to get feedback from when I'm feeling stuck, and trying to find a new approach to help a client. I also think it's incredible to watch how the same client connects with different team members on different issues. Someone may feel comfortable talking to me about one area of their life, but connects more strongly with another team member on a different area

that they may never have opened up to me about. We're able to bring all these different interactions together, and get a much fuller picture of the client's life and goals than we would be able to get individually.

**What is something you would like to share with other teams?**

I think most of us who work on ACT teams have a difficult time watching our clients struggle through hard times, especially when they are making decisions that keep landing them further and further from their goals. I think we have to take stock of even the small victories, and celebrate them. The nice thing about seeing people as often as we do, and sometimes for as long as we do on ACT teams is, we see our clients struggle, but we also get to see them succeed. We get to see them change and grow, and we get to be a part of that journey, through good and bad. I tend to think it's more often good.

Thanks Jessica

## TMACT Corner

During ACT team meetings, the daily staff schedules are driven by consumers' weekly/monthly schedule and by **emerging needs**. These are defined as any consumer needs identified during the meeting that were not already scheduled to be addressed for that day. Examples include: medical, dental or other appointments (not regularly scheduled based on the treatment plan), crisis response contacts or hospitalization. If your team reviews emerging needs consistently and specifies a plan for contacts to address them that day, you would receive full credit for that function of the daily team meeting!

You can receive ACT specific technical assistance from DMH. Contact Lori Norval or Susan Blume. They are happy to assist!

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# Navigate



Don't miss the Missouri Coalition for Community Behavioral Healthcare 2015 Conference.

*Date:* September 15-18

*Location:* Branson, MO. at Chateau on the Lake

*Deadline to register:* September 10th.

For more details, [CLICK HERE](#)

*NAVIGATE is a comprehensive intervention program for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery. More broadly, the NAVIGATE program helps consumers navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, on the job, at school, and in the social world.*

*The NAVIGATE program includes four different treatments, each of which has a manual: NAVIGATE Psychopharmacological Treatment Manual, Supported Employment and Education, Individual Resiliency Training (IRT), and Family Education. There is also a Team Members' Guide that describes the overall NAVIGATE structure and how team members work together, and a manual for the Director of the NAVIGATE team.*

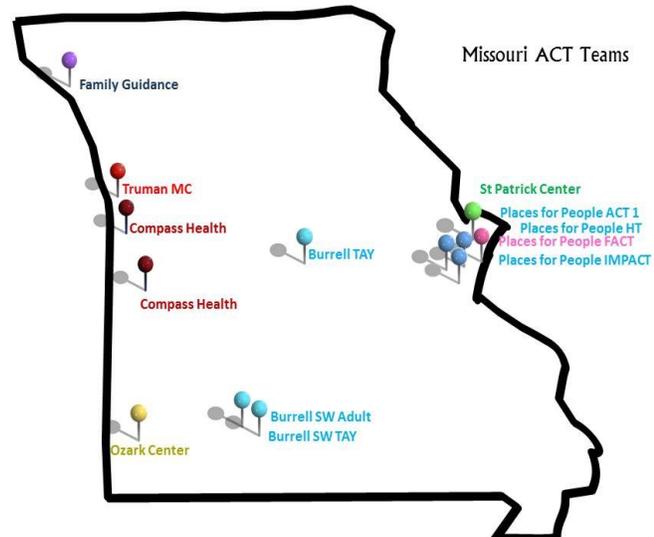
*Taken from NAVIGATE IRT Manual – Overview of Individual Resiliency Training (IRT) April 1st, 2014*

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Real Voices Real Choices had their conference this year on August 16-18 at Tan-Tar-A Resort.

To see highlights of the event check out this link:

<http://dmh.mo.gov/constituentservices/consu-merconference.html>



Take the **SOAR** online training course by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

## Treatment for Young Adults

by JJ Gosrau, SCL Child and Youth Coordinator, DMH

More than 3 million young adults have serious mental health conditions. Serious mental illness makes it difficult to complete high school and to find employment. This is not news to those within the CMHC world. It is common for children, young adults, and adults diagnosed with severe mental illness to arrive at the CMHC with a history of traumatic experiences. Furthermore, for a client's comprehensive behavioral health assessment to include absent or poor peer and adult role models, episodes of child welfare services, juvenile and criminal court involvement, physical, verbal, sexual abuse, and in some cases, multiple inpatient or residential mental health stints, all clearly contributing to interrupted educational and vocational trajectories.

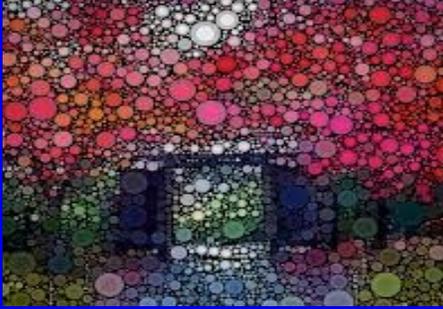
Mental illness in young adults manifests in multiple ways. For example, mental health issues can cause difficulty in planning, decomposition or deficits in social skills, irritability, anxiety, an increased level of impulsivity, and mental illness is highly correlated with substance use, making it important to rule out Co-occurring Disorders during this period of a young person's development. Acceptance by peer groups during young adulthood plays a significantly influential role in substance use. The perceived positive effects of substances, such as, facilitating conversations with friends and reducing social anxiety, are particularly powerful. Substance use becomes a strong link to one's peer group and unfortunately, becomes a way to cope with emotional and mental health concerns, thus, making a young adult extremely susceptible to addiction. All of these experiences contribute to high incidences of trauma, difficult relation-

ships, transient living situations, homelessness and other adverse experiences.

The fact that these experiences can cause young adults with severe mental illness to feel vulnerable and hopeless is not news to ACT teams. Providing ACT services for young adults make so much sense because ACT teams can intervene effectively, and sometimes even early, after the person's first episode of psychosis, working to reduce further effects that are more negative. With assertive community interventions, necessary and positive supports, and connections made within the community, a diverse team of ACT professionals work to reduce vulnerabilities and restore the young person's hope.

When serving young adults with severe and persistent mental illness, ACT teams step in where traditional psychiatry and case management has not worked, ask the young person what it will take to live meaningful lives, and help the young adult recognize and address the trauma they may have experienced. Specifically, ACT teams have large impacts on reducing hospital visits, securing stable housing, and engaging clients in treatment. ACT teams also work to enhance a young person's quality of life by equipping them with enhanced skills for symptom management, self-care, and social functioning skills. These skills prove to be especially necessary after the young adult's first episode of psychosis. ACT teams also build and implement strategies with the young adult to gain employment and/or complete their education.

Recognizing the challenges each one of our ACT teams encounter on a daily basis is important and makes us very appreciative of your outstanding work. It is evident that lives are transformed because of the services you provide.



# Arts & Literature



## A Thank You

"Thank you so much for believing in me.

I really am experiencing another "surreal" moment in my recovery.

I am walking in the right direction and I feel that sharing my story/experience with others is a crucial part of my recovery...and will just be an added facet to my world."

"I appreciate you more than you will EVER know. I appreciate all of you at ACT. You have given me my life back.

I am excited to see what becomes of this journey called life has for me and my family. You are the best."

By Shannon

ACT Team, Joplin MO

Satan or demons come to bother me throughout the day.

I use to feel powerless but now I pray,

And tell them to leave in Jesus' name.

Yes Satan or demons come to bother me throughout the day.

I use to feel powerless, but now I use coping skills and medicine  
to keep their faces and voices at bay.

So I continue forward, staying out of the hospitals.

With the help of Family Guidance and the ACT Team.

The voices and faces of Satan and his demons stay at bay.

So my life will be as normal as possible.

Praise the God of heavens and earth.

The demons and Satan are at bay.

By MP

Family Guidance ACT Team

Expression

Creativity