

# Missouri ACT Assertive Community Treatment Newsletter

ISSUE 3

MO ACT NEWSLETTER

## Reminder:

You can receive ACT specific technical assistance from DMH. Contact Lori Norval in the West or Kelli Hood in the East. They are happy to assist!

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## Hello from DMH!

Can you believe that it's fall already? Since the last newsletter, we have completed round two of fidelity reviews, received the final version of the TMACT, attended the ACTA Conference, started round three of fidelity reviews, and implemented new fidelity improvement plans. We managed to tackle all of that without needing to activate our super powers! Oops- did I mention super powers? Those are supposed to be a secret, so forget I mentioned it! You don't need to know about my lasso of truth and indestructible bracelets. Moving on...

As I mentioned above, the final version of the TMACT fidelity tool was given to us this summer. There were some changes made

to a few of the scale items, and we were grateful to have Maria Monroe-Devita review those with us. The third round of fidelity reviews will be conducted using the TMACT 1.0. The updates will be reviewed during the next face-to-face meeting on November 1st.

As mentioned earlier, we are implementing fidelity improvement plans (affectionately known as FIPs). This is a move toward more of a partnership between DMH & the teams on the plans to help increase fidelity for those items scored at a "3" or below. The plan is for the FIP to identify the team's role in addressing that item, in addition to DMH's role in assisting. Lori Norval will assist with the FIPs in western Missouri, and I

will assist with them in eastern Missouri. If you haven't already, you will likely notice our faces around a bit more!

As always, we look forward to continuing to work with the ACT teams across the state. We love hearing about the awesome work that the teams do, which is making a difference in the lives of individuals and families daily!

If you have a submission for the MO ACT Newsletter, please contact::

Kelli Hood at  
[Kelli.Hood@dmh.mo.gov](mailto:Kelli.Hood@dmh.mo.gov)



## ACTA Conference 2012: Boston

This year, the 28th annual ACT Conference was held May 15th - 18th in Boston, Massachusetts. As in years past, it brought a variety of presenters, including Missouri's own Michelle Fassler, the Vocational Specialist from the Places for People ACT 1 Team.

The conference was attended by representatives from 7 of the 8 Missouri teams, in addition to Lori Norval and Kelli Hood from DMH.

Handouts from the conference have been collected and posted on the MO ACT website for all of the team members to access. These can be found

at <http://dmh.mo.gov/mentalillness/provider/trainingmaterial.htm>. Thanks to everyone that submitted their handouts to share!

The location for the 29th annual ACT Conference has not yet been announced.

## WELCOME NEW FACES!



We want to take time to welcome those that have recently joined our ACT teams!

Burrell Center: **Eric Leick**- Vocational Specialist; **Rachel Hudson**- Case Manager; **Sarah Evans-Watson**-Substance Abuse Specialist

Home Team at Places for People: **Ryan Westhoff**- Vocational Specialist; **Cynthia Balsman**- Substance Abuse Specialist; **Julie Schwartz-Eoff** - Community Support Specialist; **Lesley Weinstein**- Community Support Specialist

Family Guidance Center: **Jennifer Gatrel**- Program Assistant

Ozark Center: **Catie Platt**- Mental Health Specialist

## ACT Tips & Tools of the Trade

### Crisis Intervention

Crisis situations often arise with some amount of forewarning and can be anticipated through the ACT daily organizational staff meeting. The team can quickly intervene before the crisis is full-blown or at the very least closely monitor the situation until an intervention is feasible. For these situations, crisis prevention plans or crisis intervention plans can be useful. Having these plans available to on-call staff can assist with timely and appropriate crisis intervention which is a fundamental component of the ACT model. Though short-term psychiatric inpatient treatment may be needed, the team has the following options available to them to help the client in the community:

- Increased team contact (e.g., 2 to 5 times a day) by staff. This increased contact is designed for a specific purpose, such as problem solving, emotional support/encouragement, increased structure, supportive therapy, medication administration/ monitoring, or obtaining practical resources.
- Use of others in the client's support system to provide support and supervision
- Change of medications to treat symptoms and distress
- Manipulation of the environment to limit stressors
- Provision of an alternative living situation where more support, structure, and supervisions can be provided
- Lessening work and social demands through direct intervention with employers and others
- Limiting of substance use that is exacerbating or causing the situation, such as through more frequent supports and prompts, tight budgeting of finances, or a temporary change of residence.

Where these measures, alone or in combination, are not effective, the question of hospitalization then arises.

Adapted from pages 99-101 from A Manual for ACT Start-Up.

## Success Story: Burrell Center ACT- Springfield

This story is about a client from the ACT team in Springfield. Rebecca shares that she began noticing that she was “different” at a very young age, and that her mental health symptoms got progressively worse until she tried to commit suicide in 2004. Rebecca was referred to Burrell in 2005, but it was difficult for her to engage in a program and trust in others to help her. Four years ago, she began working with the ACT team at Burrell. Over time, Rebecca has started to make decisions for herself to move forward. She shares that she is a “50 year old women who is just starting to learn to take care of myself in all areas”. She has made accomplishments in many areas, one of which is a year of sobriety. She proudly works a 12 step program through NA. She also has her own apartment that she shares with her dog Dixon, and she has learned how to set up and take her meds as prescribed.

Rebecca has gone from just wanting to get through the day to loving her life and looking forward to tomorrow. Rebecca has grown to trust the ACT team to help her and walk beside her in her journey. Recently, Rebecca has started to help train new case managers at Burrell by sharing her story and helping case managers get a better understanding of how to help those affected by mental illness. Her next adventure will be taking computer classes and to eventually get a job at Burrell.



## Success Story: Ozark Center ACT- Joplin

The Ozark Center team has only been in existence for about a year, but successes are already occurring. The team began working with a client (who we will call Mary) that had been living in her car for over 3 years. At first, she was very hesitant to interact with the team, but they took it slow in order to really build a relationship with her. During this time,

Mary had ongoing health conditions, in addition to her mental illness. Doctors were threatening to place her in a nursing home. Mary knew that was not something she wanted. The threat of a nursing home coupled with the team’s efforts at engagement led to Mary choosing to work with the team to get an apartment of her own. She was enrolled in the Shelter Plus Care program and the apartment search began. When

she found an apartment, she did not have any income, but had applied for disability. A few months later her disability was approved, and she began receiving monthly checks. She had to make many adjustments like paying bills, learning to sleep lying down on a bed and preparing hot meals.

She recently told one team member, “I love having you guys come visit with me. You listen to me and make me feel important.”



## TEAM MEMBER SPOTLIGHT: RACHEL EVANS

**Name:** Rachel Evans  
**Team:** Family Guidance Center  
**Position:** Community Support Specialist

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

**I began on the team as a practicum student in January 2011 and was hired June 2011.**

**What is your favorite food? Chinese food- But I love it all!**

**What is your favorite part about being on an ACT team? I love empowering people, seeing them get better, and being able to do everything that is needed. Since ACT doesn't place**

**any limitations on frequency of visits, we can meet as often as necessary to do any interventions that are needed. We get to see people get better, then out on their own. I also like the team part of ACT.**

**What is something you would like to share? Communication is the most important part of the team. Even if there is a conflict with each other, communication is key to really working together. This includes being open to constructive criticism.**



## Is Your Team Trauma Informed: Trauma and the Holidays

With the upcoming holidays, it can be especially important to consider how a history of trauma can affect this festive time of year. For many individuals, the holidays can serve as reminders of negative experiences or losses. Activities that may be “the norm” can serve as triggers of the trauma.

For example, suppose a person has lost a child either through death or loss of parental rights. During Christmas, which can be very focused on children, this can be just a stark reminder that the child is no longer with them.

In a different example, imagine a person spending every childhood Thanksgiving with an abusive parent. Instead of a time of remembrance of being thankful and family dinner, this individual remembers dad being on a drunken rampage and physically beating the family.

Neither of these situations create the warm and loving feelings that we would like to have associated with these holidays.

As an ACT team member, here are some things to keep in mind to help your clients:

- Help individuals recognize when the holidays are potential triggers and validate those feelings.
- Instead of encouraging participation in “normal” holiday activities, help create alternative ways to celebrate.
- Allow for and honor the choice to not celebrate.
- Assist with the development of a WRAP specifically for the holiday associated with trauma.



## Success Story: Family Guidance Center - St. Joseph

In April 2009, \*Andy was accepted to the Family Guidance Center ACT team. The referral to ACT came after his legal guardian, who was also his father, sought their help. Andy had been in traditional CPR services with Family Guidance Center since 2003 for paranoid schizophrenia and Polysubstance dependence. He had continued to display dangerous methamphetamine using behaviors that many felt would lead to his death. ACT immediately placed Andy on "Eyes on Meds" which required ACT team members to physically watch him take his medications. During this time, Andy was also under legal scrutiny by the probation office and he was placed in Drug Court due to a charge of possession of methamphetamine. Despite Drug Court and ACT services, Andy continued to use meth but never gave up his desire for sobriety. Using this desire,

the ACT team connected him to 6 month inpatient drug treatment. He successfully graduated and was moved into a residential care facility to be closely monitored.

In May 2010, Andy's world crumbled when his guardian, father, and primary support died. Andy's ACT team and psychiatrist fought for emergency guardianship through the public administrator's office, which was granted in September 2010. During this time, intense relapse prevention was initiated and Andy was challenged to grieve in a new way. He struggled with depression and did relapse, but never gave up. He began attending NA and AA and obtained a sponsor. He also faced prison time because of his relapse, but chose to be honest with the judge. Because of his honesty, the judge chose to extend probation instead. Andy vowed to see

his PO and attend court hearings. With the assistance of the ACT team, he was able to follow through with his requirements. He again attended drug treatment and graduated in 2011. Andy reconnected with an old girlfriend and continued to work the NA program. Seemingly out of nowhere, Andy began walking daily, listening to music, and practicing the coping skills that he had been taught by the ACT team. Today, Andy has been sober since September 2010 and has fought for his independence. In July 2012, he was removed from probation and regained guardianship of himself. He has also been able to move out of the boarding home and into his own semi-independent apartment. He continues to walk with the ACT nurse every morning and attends AA or NA groups 3 times per week. Andy will tell you that his father is proud of him.



*\*Names have been changed to maintain privacy\**

## Success Story: Places for People ACT 1- St. Louis

Housing people with mental illness who sometimes live in extreme poverty can be very difficult. Occasionally, that individual may also have a criminal record which further limits the clients access to housing. We have a new referral that has overcome tremendous barriers to secure housing against all odds.

\*Aaron was unsuccessful in staying in housing after being released from prison. He reports that he was incarcerated due to behaviors associated with untreated schizophrenia. He and the team also believe that untreated schizophrenia was the number one reason he could not keep housing.

The ACT team collaborated with him to bring him daily meds which quickly helped him to experience less symptoms. He stated that he could feel himself regaining his identity. Due to the mental health stabilization, he was able to complete the apartment application process. With a significant amount of advocacy from the team, the landlord decided to give Aaron a chance. The landlord overlooked Aaron's devastated credit history and his lack of successful tenancies. Aaron's presentation at the meeting, as well as the promise of the ACT daily support, convinced the landlord to give him a shot.

Aaron is not yet thirty and admits to having no hope of ever escaping the "chains of schizophrenia." The news of the apartment has given him hope. Aaron stated, "You can't believe how joyous it is to see a future. My short time on the streets was making me have some bad thoughts."

It is difficult for staff to see what was more helpful in Aaron being able to experience renewed hope: medication or the apartment. Of course we know that hope springs eternal and we are all excited where the road to recovery will take our brother.

## RESOURCES

### NAMI Hearts & Minds

Here is a booklet from the [NAMI Hearts & Minds](#) program that has information about the importance of staying healthy in both mind and body. You'll find resources on quitting smoking, substance abuse and alcoholism, healthy eating and the importance of regular exercise.

[http://www.nami.org/Content/NavigationMenu/Hearts\\_and\\_Minds/FINALfinalRoadmaptoWellness.pdf](http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/FINALfinalRoadmaptoWellness.pdf)

### Essence of Being Real: Relational Peer Support for Men and Women Who Have Experienced Trauma

<http://www.sidran.org/pdf/sige.pdf>

In this age of technology, smart phones are everywhere. Some of our consumers have them and so do we. Here is a list of some helpful apps to pass on to clients or download and use with consumers as you work with them:

**Breathe2Relax:** This free app is a portable stress management tool. Breathing exercises have been documented to decrease the body's 'fight-or-flight' (stress) response, and help with mood stabilization, anger control, and anxiety management.

**Mindfulness TS:** This free app will help train you in mindfulness for stress reduction.

Hazelden also has some great apps. For more info, visit <http://www.hazelden.org/web/public/mobileapps.page>. A fee may be associated with these.

### Motivational Interviewing Resources:

[http://www.naadac.org/content/newhorizons\\_res/Stages\\_of\\_Change\\_Chart\\_side\\_1.pdf](http://www.naadac.org/content/newhorizons_res/Stages_of_Change_Chart_side_1.pdf)

[http://www.naadac.org/content/newhorizons\\_res/Stages\\_of\\_Change\\_Chart\\_side\\_2.pdf](http://www.naadac.org/content/newhorizons_res/Stages_of_Change_Chart_side_2.pdf)

**We're on the web!**

<http://dmh.mo.gov/mentalillness/provider/ACT.htm>

## ACT TEAMS ACROSS MISSOURI



Burrell Behavioral Health - Springfield

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Places for People ACT 1 - St. Louis

Places for People Home Team - St. Louis

Places for People FACT - St. Louis

St. Patrick Center - St. Louis

Truman Medical Center - Kansas City