

## 11 Engaging Clients in their Recovery; A Group Perspective

Pathways to Housing-Calgary clients and staff have developed a module based, client centered IDDT manual. This innovative idea involves input from clients in all phases of the programming. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 40% DIDACTIC, 40% PARTICIPATORY and 20% EXPERIENTIAL.

*Presenter: Penny Z. McBride, RSW, Substance Use Specialist, Justice Team, The Alex – Pathways to Housing, Calgary, Alberta, Canada*

## 12 Recovery & Empowerment Approaches in Post Psychotic Depression

Post psychotic depression (PPD), which is the development of depression during the phase of remission of schizophrenia, appears to be an overlooked complication of stabilization. Currently, there is a lack of both research and tools available for mental health professionals working in the field. This presentation will impart both data collection and hands-on approaches used by a functioning PACT team to include the use of various psychosocial rehabilitation approaches. CONTENT IS BEST SUITED FOR PARTICIPANTS AT THE BEGINNER LEVEL; 80% DIDACTIC, AND 20% PARTICIPATORY.

*Presenters: Christie Loutzenheiser, BA, Psychiatric Case Manager II, Program of Assertive Community Treatment; Roger Vilardaga, MA, Graduate Student, University of Nevada, Reno, both of Reno, Nevada*

5:00 - 6:30 PM

Concurrent Workshops 13 through 23

## 13 FACT for Jail Diversion vs. Prison Reentry Consumers

More research is needed about the challenges jail and prison consumers present to Forensic Assertive Community Treatment (FACT) teams. Here, the characteristics of 212 jail diversion and 198 prison reentry FACT consumers are compared. Findings suggest jail and prison consumers have different demographic and clinical profiles which may present unique challenges to diversion and reentry FACT teams. This is important information for front-line providers of FACT. Practice, policy and research implications are 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*

## \* 14 ACT Team Evolution: Moving Your ACT Team Forward

Team leaders often rise to the top of their clinical field with minimal training in the complex issues they will face running an ACT team. This didactic and experiential workshop will provide an opportunity for team leaders and those supervising and managing ACT teams to assess current team stage, identify one's context for change, and design interventions to achieve productive, well functioning teams. The workshop will conclude with participants developing a team Wellness Recovery Action Plan. CONTENT IS BEST SUITED FOR PARTICIPANTS AT THE INTERMEDIATE TO ADVANCED LEVELS; 40% DIDACTIC, 20% PARTICIPATORY AND 40% EXPERIENTIAL.

*Presenters: JoAnne L. Davis, MSW, LSW, ACSW, ACT Consultant, Associate Executive Director, Assertive Community Treatment; Angela C. DiCarne, MAC, Lead Clinician, Assertive Community Treatment, both of Lenape Valley Foundation, Doylestown, Pennsylvania*

## 15 Tools for Treatment Planning: The IDDT Strengths Based Approach

The workshop will review how an inner-city ACT team implements a Strength Based Approach for clients receiving Integrated Dual Disorders Treatment (IDDT). They will provide an overview of IDDT and a brief description of assessments used to generate stage-based interventions. Presenters will also demonstrate how the assessments are incorporated into Strength Based Treatment Planning. The Strength Based template will provide a model for enhancing team participation and generating ideas for creative interventions. CONTENT IS BEST SUITED FOR PARTICIPANTS AT ALL LEVELS; 65% DIDACTIC, 35% PARTICIPATORY.

*Presenters: Mathias Kerger, MA, LCPC, CADC, Team Leader, Thresholds Bridge Southwest; Eileen Niccolai, BSW, Program Director, Thresholds; Gary Walley, BS, MHP, IDDT Specialist, Clinical Case Manager, Thresholds Bridge Southwest, all of Chicago, Illinois*

## ACT Team Evolution: Moving Your ACT Team Forward

JoAnne Davis M.S.W., L.S.W., A.C.S.W.  
Certified CPS Supervisor,  
Associate Executive Director Mobile Services  
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## OUTLINE



- I. Team Leader
  - a. The team leader is responsible for...
  - b. Deep management
  - c. Leading by example...be authentic
- II. The Team
  - a. Complex dynamic system of care
    1. Complex adaptive system (CAS)
    2. Sensemaking /Self-organization
  - b. Assessing organizational dynamics of the team
    1. The Collective Mind
    2. Tools: Developing Mission, Vision, and Values Statements. The Leadership Compass, Retreats, Consultation?
- III. Meaning Creation, Connections and Relationship building
- IV. Team Wrap Plans
  - a. Start yours!
- V. Conclusions, insights gained?
- VI. Questions

## Team Leader Responsibilities

"The Team Leader is responsible for everything related to the team, responsible for everything done by the team, plus some activities that don't involve the team"  
(Lynette Studer 2005)

Operations  
Clinical oversight/Supervision  
Direct clinical practice  
Team management  
Program operations  
Community/public relations  
Intra-agency communication  
Fiscal management  
Human resources  
Training and development-Cross training, Intern supervisor  
Conflict resolution  
Data collection/Statistical analysis/CQI



Burn-out

## Deep Management VS Supervision

"The Assertive Community Treatment Team As A Complex Dynamic System Of Care"  
Charlene A. Alfred, Barbara J. Burns, and Susan D. Phillips (2005)

Key words: evidence-based practice, dissemination: management theory, systems theory.

\* "One barrier to widespread implementation of ACT is the lack of attention given to the organizational dynamics of the team, such as communication, decision making and/or leadership"

DEEP MANAGEMENT REFERS TO "MANAGEMENT THAT GOES ON AT A LEVEL WHICH IS SUBTLER AND MORE PERVERSIVE THAN THE ORDINARY NOTIONS OF DIRECTION AND SUPERVISION" (Brown and Crawford 2003).

DEEP MANAGEMENT is... a product of shared understanding by team members that relates to client care originating from their diverse professional identities and the value attached to this care. Deep management occurs in the absence of traditional management structures"

Google this & read it

teams fail when team is ignored

Key = team = system (family)

## Leading by Example

"The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor" ~Vince Lombardi

Highly competent leaders have some things in common:

1. They are committed to excellence
2. They never settle for average
3. They pay attention to detail
4. They perform with consistency

TRUST-TRUST-TRUST-TRUST-TRUST-TRUST

Truly effective leaders believe that managing team members is a critical responsibility...an element of success just a critical as any measure of your leadership!

Take the quiz, read the books, go to the conferences, find mentors!

Team sets bar + has buy-in

## ACT TEAMS: COMPLEX SYSTEMS OF CARE

States moving toward EMTs as condition of reimbursement (Carpiniello et al., 2002) and improving quality care. Knowledge transfer: a variety of organizational processes (Institute for Healthcare Improvement, 2003) (Simons, 2003)

Challenges: cross-systems, interdisciplinary, multi-systems management (key to create a greater uptake and delivery of evidence-based interventions)

Use your understanding about system

Management strategies follow: the support, sustained implementation- in face of continuously changing environment

THE TAKE AWAY

The lens we use to investigate organizations and system processes will dictate the type of management strategies identified as necessary for sustained implementation in the face of a continuously CHANGING PRACTICE ENVIRONMENT.

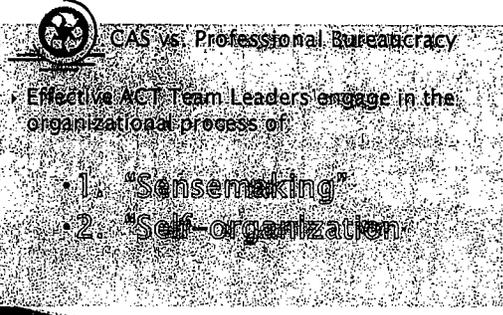
language: 'medical'

#1: need a mission statement = Collective mission of team  
#2: get tools in team's hands not individuals

turnover - adapting by the team  
make members solve themselves

deals w/ mal-adaptation

### COMPLEX ADAPTIVE SYSTEM (CAS)



CAS vs. Professional Bureaucracy

- Effective ACT Team Leaders engage in the organizational process of:
  1. "Sensemaking"
  2. "Self-organization"

### Sensemaking

How Team members blend their perspectives or viewpoints in ways that result in a collective or shared understanding

- › Mission Statements
- › Vision Statements
- › Value Statements

### Self-organization

- › How Team members organize themselves to implement the client's treatment plan



Successful delivery and implementation of ACT requires that management technologies such as "meaning creation" and "designing" are used in conjunction with traditional "command and control"

~Allred, Burns, and Phillips (2005)

### Interrelating

Effective ACT Teams

Attention to the organizational dynamics of the team from a system perspective- a family, a single unit of expertise that continuously organizes itself, the team's collective behaviors are ultimately greater than the sum of it's individual members. (Weick, 1993)

~An improvisational jazz ensemble (Weick, 1993)



### ACT Team Success

- › "The success of the (ACT) team resides in the patterns of connections between team members, and how carefully they interrelate to each other" (Weick, 1993)
- › "The Leadership Compass" (Arrien, 1993) (North, South, East, and West)
- › Family System Roles (adaptive vs. maladaptive)

### The collective mind

- › Making sense requires the development of a collective mind, so that the team can function in a reliable manner (Weick, Sutcliffe, & Obstfeld, 1999; Weick & Roberta, 1993), regardless of what is happening around them.

Moving your TEAM Forward>>>  
The collective mind...  
One tool "The WRAP PLAN"

# Wellness Recovery Action Plan

on Team yearly?

**The Mission of WRAP**

"The mission of Mary Ellen Copeland's Mental Health Recovery and WRAP is to promote personal, organizational, and community wellness and empowerment."

Copeland, M. E. (June 2010). About mental health recovery and WRAP. Retrieved from <https://www.mentalhealthrecovery.com/aboutus.php>

**Key Recovery Concepts**

- › Hope
- › Personal Responsibility *saying what u think*
- › Education *roles + wrap - beyond job desc.*
- › Self Advocacy *members to self manage*
- › Support *each other*

Copeland, M. E. (June 2010). About mental health recovery and WRAP. Retrieved from <https://www.mentalhealthrecovery.com/aboutus.php>

**WRAP Components**

- › Wellness Toolbox
- › Daily Maintenance Plan
- › Identifying Triggers and an Action Plan
- › Signs That Things are Breaking Down and an Action Plan
- › Crisis Planning
- › Post Crisis Planning

Copeland, M. E. (June 2010). About mental health recovery and WRAP. Retrieved from <https://www.mentalhealthrecovery.com/aboutus.php>

**Beginning to Create an ACT WRAP**

Starting the conversation with the team

"What are some of the things that the group does to stay well and things we do to feel better when we are not feeling well?"

*de-personalized discussion - takes threat away*

*Peer specialists integrated! have ← guided form to give team feedback!*

**Developing a Wellness Toolbox**

"What are the things we do to keep ourselves well?"

"What supports and sustains our wellness?"

- check in for personal sharing daily
- humor
- discuss meetings

**Daily Maintenance Plan - Part I**

"What are we like when we're feeling well?"

Make a list of the words that describe us when we are feeling well.

*train for each other + the team*

**Daily Maintenance Plan - Part II**

**Create a Daily Maintenance List**

Make a list of the things we need to do on a daily basis to keep feeling well.

*team + personal?*

*later not now team*

**Daily Maintenance Plan - Part III**

**Things to Consider Doing Regularly to Relieve Stress and Maintain Our Wellness/Recovery**

Make a list of things the team could choose to do

**ADAPTABILITY**

*retreats? encourages to take rest*

*this we have control over*

*advocate for team against admin at times w/ outcomes*

**Identifying Triggers/Action Plan**

"What are some of the triggers we can identify that effect the team?"

"What are the external events or circumstances that make us feel like we are feeling worse?"

"What can we do about the triggers we have identified?"

*obstacles*

**Early Warning Signs/Action Plan**

"What are signs of things getting worse or breaking down?"

"What can we do when this happens?"

**Crisis Planning**

"What can we do when we are beyond able to resolve things ourselves?"

"Who are our administrative and external supports?"

*Supervision but not directive points the back to solving it between the self*

Webb, R. & Roberts, G. (June 2006). Support and self-management for russell clinic as a recovery-based service. Our wellness recover action plan. Retrieved from: <http://www.recoverydevon.co.uk/html/Research/Russel-Clinic-TEAMWRAP-2007.pdf>

**How we use our Team WRAP**

- › Provide copies for all staff, including interns
- › Have copy available at Daily Team Meeting
- › Using the Team WRAP as a tool in supervision and particularly during increase times of stress
- › Use the WRAP as a living document and update it accordingly (ACT as a CAS)

*new staff new clients services fund. v*

*a tool!*

*prop for update need*

### Conclusions

- › Organizational dynamics are critical—Consider your context
- › Understand ACT team behaviors as a (CAS)—allowing for effective leadership techniques to come to the forefront
- › ACT Team leaders must facilitate the ongoing evolution of their team – use available tools
- › The constant for ACT Teams is CHANGE— therefore the capacity to adapt is crucial, regardless of stage.
- › USE available management tools that fit for EBP's
- › Take care of your team

"To collaborative team members, completing one another is more important than competing with one another."



—John C. Maxwell  
The 17 Essential Qualities  
of a Team Player, 2002.

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# YOUR TEAM WRAP

## ACT Team Evolution: Moving Your ACT Team Forward

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