

Assertive Community Treatment

ISSUE 5 SPRING 2015

MO ACT NEWSLETTER

Burrell Behavioral Health - TAY Team - Columbia

Burrell Behavioral Health—Springfield

Burrell Behavioral Health - TAY team - Springfield

Family Guidance Center - St. Joseph

Ozark Center - Joplin

Pathways Behavioral Health - Nevada

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

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A note from DMH: The prescriber as an ACT team member

An ACT team cannot function well unless it has a prescriber who is responsible for all of the team's clients and who is a full-fledged team member with enough time to carry out required tasks and develop and maintain effective, comfortable relationships with the staff. The Tool for Measurement of Assertive Community Treatment (TMACT) provides opportunity to look at three important aspects of the prescriber on the team: the individual in the role/time allotted to the role; the role of the prescriber in treatment; and the role of the prescriber on the team. High fidelity ACT teams have enough prescriber time to fulfill all required functions within the team. For 100-consumer teams this requires a minimum of 32 hours per week. For 50-consumer teams, this requires a minimum of 16 hours per week. In addition to providing psychopharmacologic treatment, the prescriber typically provides at least monthly assessment and treatment of consumers symptoms and response to medications, including side effects; provides brief therapy; provides diagnostic and medication education to consumers; monitors all non-psychiatric medical conditions and non-psychiatric medications; conducts home and community visits; and if consumers are

hospitalized, communicates directly with inpatient psychiatric care providers to ensure continuity of care. A high fidelity ACT team has a prescriber that collaborates with the team leader in sharing overall clinical responsibility for monitoring consumer treatment and team member service delivery; educates non-medical staff on psychiatric and non-psychiatric medications, their side effects and health related conditions; attends the majority of treatment planning meetings; attends daily team meetings in proportion to time allotted on the team; actively collaborates with nurses; and provides psychiatric back-up to the program after-hours and weekends.

Based on feedback from ACT team prescribers, the Division of Behavioral Health has been working on additional service codes for Prescribers including Event/Management codes for Home Visits, Group Psychoeducation, Group Counseling, and Case Management to work with Family/Natural Supports. These service codes will help support the awesome work we are seeing on the Missouri ACT teams. Thanks and keep up the good work!!

ACT Treatment Planning

One of the key principals of ACT is to help both the team and it's clients learn about person centered treatment planning, "ACT style". The concept of person centered planning is widely interpreted in healthcare but on ACT teams, this procedure is tailored specifically as a part of a process that is intricately connected. As clients are coached on leading their own planning meeting, they learn about their own investment in treatment, good decision making about personal wellness, personal accomplishments, taking initiative and being accountable just to name a few. The process gives the client a chance in-vivo to learn how to take leadership in their own treatment.

It isn't all about the client, however. ACT treatment planning helps the staff to learn to step back from thinking for the client and allow the client to lead. Staff can focus on their own roles in that client's treatment, how that role will be performed and what the possibilities are in offering a variety of interventions that are evidence-based.

The development of the plan is an essential part of the process but moving that finished plan forward into the daily staff contacts, staff schedule and client schedule is the next important step. Day to day activities must intimately connect to that plan and the planned interventions. If the schedule appears to be absent of interventions in the plan or the plan is missing recent staff interventions, that mismatch is a signal that something needs amended or updated. Teams with higher fidelity to ACT treatment planning are cognizant of this connection and work to make sure there is an ongoing match between the plan and the daily scheduling.



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!

Burrell Behavioral Health - Columbia area TAY Team:

Ashley McGee – Case Worker

Ozark Center

Jennifer Coffman-Pratt – Peer Specialist

St. Patrick Center:
Anna Sherer – RN

Places for People ACT 1 Team:

Josh Bellchambers – Vocational Specialist

Laura Woldow – Peer Specialist

Sonia Emmons – CSS

Burrell Behavioral Health – Springfield area TAY Team:

Susan Baker – Team Leader

Tiffany Parker – Program Assistant

Dr. Patricia Hogan – Physician

Cindy Herren – RN

Tim Kavanaugh – CSS

Heather Rash – Peer Specialist

Patty Workman – Vocational Specialist

Abey Douglas – Substance Use Specialist

Truman Medical Center:

Aaron Benson-Recovery Coach

Shante Clark – Recovery Coach

Places for People F.A.C.T. Team:

Willie Mae Patton – Peer Specialist

Cat Lenz – Team Leader



Missouri ACT is on the web!

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



ACT Tips & Tools of the Trade

“The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women and men (MTREM) with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training tech-

niques, the gender-specific 24 to 29 session group emphasizes the development of coping skills and social support. It addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse. TREM

has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.”

Submitted by Edward Riedel, MSW, LCSW

MIMH Project Director



“Go as far as you can see; when you get there, you’ll be able to see farther.”

J.P. Morgan

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: Patricia Hogan, D.O.

I also appreciate flexibility in scheduling appointments and doing home visits

Team: ACT TAY, Burrell Center Inc., Springfield, MO

Position: Psychiatrist

What is something you would like to share?

I enjoyed working with the ACT team in St. Joseph, MO in 2012 & 2013

How long have you been on the team?

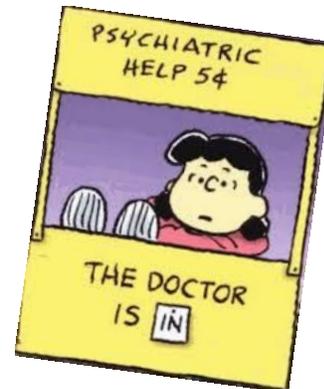
Since March 2015 – it’s a new team

What is your favorite food?

Vietnamese

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

Discussing patients with team members who have different viewpoints



TMACT Corner

Does your team conduct daily team meetings in which the consumer’s status, including mental status, relevant behaviors & staff interactions with the consumer are recorded in some form of a log for each day? Is this log available to team members so that they can go back and review each consumer’s brief status when necessary? If your answer is yes, you would receive full credit for that function of the daily team meeting quality as per Operations & Structure scale item #4 (OS4) in the TMACT fidelity scoring tool!

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

Lori.Norval@dmh.mo.gov

Lori.Franklin@dmh.mo.gov

Susan.Blume@dmh.mo.gov

RESPECT by Leigh Gibson, Office of Consumer Affairs, DMH

C.I.T.

CIT (Crisis Intervention Team) programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental illness. Find out more by visiting

www2.nami.org/teplate.cfm?section=CIT2

In 2001, Joel Slack, an internationally known mental health consumer and advocate, provided training and consultant at Fulton State Hospital. At that time, the hospital's administration explored the idea of involving consumers in new employee orientations with Mr. Slack. Since he had already developed an informal program to help consumers learn to tell their stories, FSH management agreed to host the first formal RESPECT Institute (RI) in 2002. Jane Smith, the hospital's chaplain, coordinated the (RI), and Mr. Slack facilitated.

Over the course of the next five years, Dr. Smith and Mr. Slack refined the RI into a systematic method to help mental health consumers develop the skills they need to transform their experiences of mental illness and substance use disorders, their treatment, and their recovery into educational and inspirational presentations. During the RESPECT Institute training, participants organize, construct, and customize their personal stories so they may deliver them in diverse venues such as legislative meetings, employee orientations, university and high school classrooms, and civic meetings. In 2008, monies from the Mental Health Transformation state incentive grant allowed the expansion of the RI to all of the DMH psychiatric facilities.

The RI training provides a warm, supportive environment for consumers while they reflect upon their experiences and craft them into a cohesive story. The initial day of the training, each individual shares his or her story. Although most of the participants have recounted portions of their stories to mental health professionals or in settings such as support groups, few have shared their entire story at one time. For many individuals, determining how much of their life experiences they feel comfortable in revealing proves the most sensitive issue they face. As the institute progresses, the training facilitator seeks clarification from the participants regarding the details of their experiences, helps them amplify salient points, and engages them in group discussions to uncover the importance of their stories. Through this process, each participant identifies the educational messages and develops a theme for his or her speech.

Another process during the training involves the facilitator helping the participants to consider how their messages will impact an audience. For example, will an individual's story inspire new employees to treat patients with respect, or will it be accusatorial and put new employees on the defensive? Will the educative message instruct new employees on how to seclude or restrain a frightened patient with greater sensitivity or to avoid using such techniques, or will it be filled with anger and be misunderstood

by the audience? Is the message limited to stories of illness and victimization, or is it balanced with helpful experiences that support hope and recovery? Will the story help audience members achieve a greater understanding of mental illness and substance use disorders and diminish stigma, or will it reinforce the stereotypes commonly portrayed in the news media and entertainment? Consideration of these kinds of questions helps consumers enhance the content of the presentations and make them more effective.

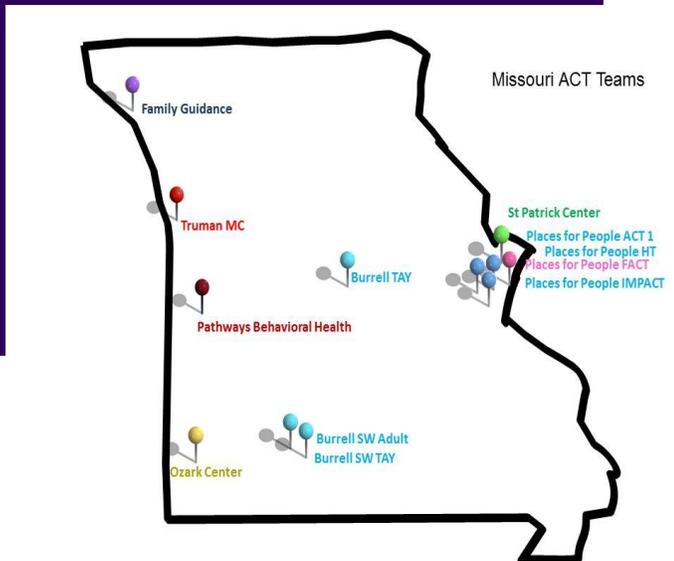
Individuals who complete the RI training report feeling more confident and more in control of their painful life experiences after they learn the skills necessary to deliver their stories to audiences. Above all else, the RI empowers participants by acknowledging, by honoring, and by valuing their personal experiences and insights. The recognition and acceptance individuals experience during the RI training helps them reclaim their sense of self, gain a better understanding of their personal experiences, and accept them without shame or embarrassment. As one individual said after completing the RI training "My story used to own me, but now I own my story."

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Don't miss the Real Voices, Real Choices Conference this fall:

August 16-18 at Tan-Tar-A Resort.

To register or for more information go to

www.missourimhf.org



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

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

Cognitive Enhancement Therapy

by Phillip Smith LQMHPIL, RASAC II Truman ACT Team Therapist

I have been working with Cognitive Enhancement Therapy (CET) for the last 2 years and I increase in my excitement by the week it seems! I started doing CET as a means of combining therapy in with the work that I do with our ACT Team. I did not see much impact with the talk therapy I was doing alone to help our clients to improve their goal completion. The CET experience is really foundationally important for all of us; as much for client Participants as for the staff Coaches involved. In my experience, the Coaches take just as much from weekly sessions as the Participants themselves, and note how they wished they had this form of education earlier in their own profession!

In a nutshell CET is a 45 week course combining both psychoeducation and computer based exercises to improve what is called Secondary Socialization. This is the ability to learn socially appropriate behaviors and views from the unwritten and unspoken norms of society from social cues, trial and error, and experience.

What scientists have found not too long ago, contrary to the old adage, is that you really can "teach an old dog new tricks"- that someone who has been marginalized and weakened by psychosis can learn ways of adapting to their new life.

CET teaches individuals new ways of viewing themselves, the world, and the future through these weekly classes in such themes as: developing cognitive stamina (the ability to maintain motivation for longer periods), using abstract thinking, how to begin and continue a conversation with someone for extended periods of time, and how to view Schizophrenia in light of positive and negative symptoms. It also includes learning to know and respond effectively to one's subjective cues of distress, which are so important for an adult to be able to do. Through repetition, structured and trustworthy agendas of meetings and interactions, we give normality and consistency that breed safety and understanding for Participants as well as Coaches.

These themes are modeled weekly through the computer exercises as well as group exercises in class and weekly homework. This helps to integrate the information and the communication model, taught by Coaches in their interaction with each other and other Participants.

CET has an 85% graduation rate, is highly cost effective, is enjoyed by both Participants and Coaches. CET increases everyone's understanding of the nature of Schizophrenia including how to live with one's experience without allowing it to negatively impact one's completion of desired goals.

We are about to finish our second year of CET and are now blessed to have hired a Peer Specialist who graduated last year from CET. We have also taught other staff members how to duplicate this with the help of their treatment team (Participant, family, staff), and are looking to multiply further if provided a grant!

Resources



Center for Evidence-Based Practices at Case Western Reserve University

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

Copeland Center for Wellness and Recovery

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

Dartmouth Supported Employment Center

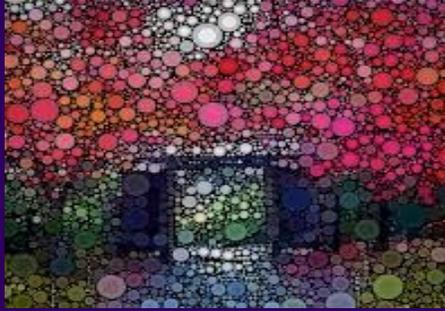
<http://www.dartmouthips.org/>

Missouri Peer Specialist

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

SSI/SSDI Outreach, Access and Recovery (SOAR)

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



Arts & Literature

Expression

Creativity

Hold On

If you feel things are going wrong.
Just hold on.
When you lose your way, and can't get home.
Just hold on.
When you feel like you're all alone.
Just hold on.
If you need to talk to someone, pick up a phone.
When you don't have a voice to talk; there's a prayer in every song.
When your dreams are unknown;
Just hold on.

By Lisa Jones
On ACT 1 Team, Places for People, St. Louis MO.



Painting by Beth Sheppard
On ACT 1 Team, Places for People, St Louis MO