Assertive Community Treatment as Community Change Intervention

Anna Scheyett, Carrie Pettus-Davis,

and Gary Cuddeback

UNC School of Social Work

Prepared by Casey Rubenstein
University of North Carolina
Copyright 2011

Based on: Scheyett, A., Pettus-Davis, C., and Cuddeback, G. (2010). Assertive Community Treatment as community change intervention. *Journal of Community Practice*. 18(1), 76-93.

Overview

This presentation draws from a study which examines the impact of Assertive Community Treatment (ACT) team interventions on larger community systems in which they function from the perspective of focus group participants

SMI and Community Systems

- A severe mental illness (SMI) is a mental disorder of extended duration resulting in significant impairment (National Advisory Mental Health Council, 1993)

  - Schizophrenia and bipolar disorder

- Community mental health systems, social service providers, and criminal justice systems can be confusing and unwelcoming to individuals with SMI who are attempting to access care and resources (Draine, Wolff, Jacoby, Hartwell, & Duclos, 2005)

Introduction

- Assertive Community Treatment is an intensive, wrap-around case management intervention (Burns & Santos, 1995)

- Outcomes of ACT on individuals is widely studied

- Little research explores ACT as a change intervention for the community of service systems, providers, and resources

Introduction

- This study endeavored to examine the impact of ACT teams on community service systems
  - Formal systems- provider agencies and law enforcements
  - Informal systems- landlords, employers, and neighborhood members
- Study seeks to expound upon ACT as a community-based intervention, and understand it as a possible change intervention for community service systems

Community Challenges

- Individuals with SMI face serious challenges living in the community:
  - Accessing mental health, health, and social services (Hernickx, Swart, Atna, Donezal, & King, 2005; Lang, Davidson, Bailey, & Levine, 1999)
  - Lacking adequate life skills (Mallik, Reeves, & Dellario, 1998)
  - Experience high unemployment rates (Kirsh & Cockburn, 2007)
  - Susceptible to poverty and homelessness (Perese, 2007)
  - Interactions with criminal justice system (Greensberg & Roseheck, 2008)
  - Increased stigma, discrimination, and social isolation (Scheyett, 2005)
- These complex challenges increase individuals with SMI's risk of symptom exacerbation, hospitalization, and/or incarceration

Assertive Community Treatment (ACT) Interventions

- The Community Mental Health Center Act increased efforts to reduce the use of psychiatric hospitals and increase the capacity for mental health care in community settings in the latter part of the 20th century (Morrissey & Goldman, 1984)

- Team approach with long-term direct intensive services intended to increase community tenure of individuals with SMI (Burns & Santos, 1995)

- ACT model was created to support the deinstitutionalization process as a community-based alternative for individuals with SMI (Morrissey, Meyer, & Cuddeback, 2007; Stein & Test, 1980; Witheridge, 1989)

  - Designed to serve clients with multiple hospitalizations, failed treatments, and those with the greatest need for treatment (Lehman et al., 1998)

ACT

- Teams generally consist of psychiatrists, nurses, social workers, vocational rehabilitation specialists, and case managers (multidisciplinary approach)
  - Maintain a small caseload and provide services 24-hours a day for extended periods of time (Witheridge, 1989)
- Team predominately provides individualized treatment planning services in the community
- Traditional case management services offered (Rothman, 1991), but also directly deliver treatment and life skills training to assist individuals with SMI to navigate other community systems of care (Drake, 1998)

Effectiveness of ACT

- Substantial evidence exists for ACT reducing psychiatric hospitalizations and promoting housing stability (Bond, Drake, Mueser, & Lattimer, 2001; Burns & Santos, 1995)

- Reduces homelessness and symptom severity in homeless individuals with SMI (Coldwell & Bender, 2007)

- Moderately strong evidence that ACT increases employment rates over standard care (Kirsh & Cockburn, 2007)

- Some evidence suggests ACT may help decrease incarceration in individuals with SMI (Lamberti, Weisman, & Faden, 2004; Morrissey et al., 2007)

ACT and Community Service Systems

- Little research has examined community-level changes effected by ACT teams
  - ACT teams work with individuals and in communities
- Given the contact with formal and informal community resources ACT teams are surmised to result in community-level changes
  - Evidence for success of this type of community change phenomenon in other intervention models
    - Community health workers impact community-level barriers which result in health disparities (Ingram, Sabbo, Rothers, Wennerstrom, & de Zapien, 2008)
    - Domestic violence workers are shown to result in increased ability to respond to the needs of children exposed to violence (Staffs, White, Schewe, Davis, & Dill, 2007)

Methods

- Study was part of a larger project assessing the broad impact of ACT teams serving individuals with SMI involved with the criminal justice system
  - Teams served individuals released from jail or prison and those under the supervision of community corrections
- The larger study focused on exploring:
  - ACT teams' experiences with barriers and facilitators of implementing ACT
  - ACT relationship with community
  - Cost savings and sustainability
  - Impact of ACT teams on individuals with SMI
  - Related policy issues

Methods

- This study specifically focuses on ACT teams' interactions with and impacts on community systems, both formal and informal services (Cuddeback, Scheyett, & Pettus-Davis, 2008)

Study Design

- Qualitative study design utilized

- ACT staff were solicited in a focus group format using semistructured interview protocol

- Study approved by the Institutional Review Board at the University of North Carolina at Chapel Hill

Study Sample

- Nonprobability, purposive sample strategies used to recruit ACT staff associated with five ACT teams in Ohio and one team in Indiana
  - Three teams served individuals with SMI from local jails
  - One team served individuals with SMI from the state's prison system
  - Two teams served traditional and justice-involved with SMI
- All teams were at least 2 years old (M= 3.3 years, SD= 1.9) and embedded in larger mental health agencies
- All teams located in the Cincinnati metropolitan area
  - Three urban and two rural teams in Ohio; one rural team in Indiana

Study Sample

- 33 ACT staff members distributed among 6 ACT teams and invited to their team's focus group
  - Groups ranged from 3 to 10 persons
    - No one was excluded from participating

- Sample included 13 case managers, eight team leaders, six clinical or program directors, two nurses, three substance abuse specialists, and one psychiatrist

Study Sample

- ACT staff was 94% white; 66% female, average of 13 years of mental health experience; and an average of almost 3 years of ACT experience

- Caseload sizes ranged from 35-65 consumers
  - Affective disorders were the most common diagnosis, followed by schizophrenia or psychotic disorders of the consumers
  - Approximately three-quarters of consumers reported substance abuse issues
  - Over half of consumers reported to have been homeless at some point prior to receiving services from ACT teams

Data Collection

- A semistructured interview protocol was used

- ACT staff members were asked a series of questions to assess:
  - The process of establishing and implementing their team
  - Changes in their agency after ACT was established
  - Changes outside their agency as a result of ACT
  - Access to health care for their clients
  - Their overall experiences with ACT

Data Collection and Analysis

- The six focus groups last between 60 to 120 minutes
  - Interviews held in office settings
  - Focus groups were conducted and then transcribed
  - Open coding used to assign codes to the raw data by two research team members based in the sensitizing construct of *community system change*

Data Collection and Analysis

- Emerging (inductive) codes were identified through review and discussion of open codes by the two coding team members

  - Team consensus and understanding was required for each inductive codes

- Full research team then collaborated on grouping codes into themes and identified relationships and patterns among the identified themes

- In general, any disagreement in themes, relationships, and patterns was resolved through group discussions, clarification and negotiation to consensus

Results from Focus Groups

- Participants noted changes that occurred in formal service and informal resources systems as a result of ACT team presence included:
  - Larger mental health agencies
  - Community human service agencies
  - Primary care providers
  - Criminal justice system
  - Members of the community who interact with individuals with SMI

Emergent Thematic Changes in Community Service Systems

- *Awareness and understanding*
  - "Simple education" provided probation officers and others in criminal justice to understand the nature and benefits of treatment for individuals with SMI
  - Presence of ACT heightened mental health providers' awareness of justice involvement of SMI on their caseloads
    - Also increased understanding of the challenges this population faces
  - Improved clinical skills in working with SMI across larger mental health agencies and providers

Emergent Thematic Changes in Community Service Systems

- *Access to services and resources*
  - Primary care health providers became more willing to accept SMI individuals following ACT advocacy
  - Increased access to services in other agencies such as Child and Family Services
  - Easier access to informal resources
    - Donated furniture, jobs, and housing
      - It was reported landlords had become more open to renting to SMI individuals with the presence of ACT team

Emergent Thematic Changes in Community Service Systems

- *Collaboration*
  - ACT teams increased communication across community service systems
    - Team members serve as liaisons between other providers and mental health systems
  - Reciprocal benefits were identified between ACT teams and community service systems
    - Informal collaborations improved
    - Relationships between ACT teams and criminal justice system improved
      - Previous gaps in service for SMI criminal justice involved existed

Emergent Thematic Changes in Community Service Systems

Collaboration

- ACT teams began to receive referrals from prisons and jails
- Criminal justice system collaboration created in synergistic work with justice-involved SMI individuals
  - Peculiar, yet effective, combination of mental health system and criminal justice system yielded position outcomes
- Increased collaboration among community elements other than ACT
  - Other community agencies began to benefit from ACT teams' established community service system relationships

Emergent Thematic Changes in Community Service Systems

- *Stigma*
  - Decrease in stigma towards SMI individuals associated with ACT team presence
    - Occurred within the criminal justice system
      - Parole officers and judges more willing to work with SMI individuals
  - Noted amongst community members in neighborhoods of SMI individuals
    - More acceptance and understanding

Change Process

- Participants described dialogic interactions with other community systems noting key processes that emerged:

  - *Mutual knowledge communication*

  - *Negotiation*

  - *Renaming by association*

  - *Building ongoing trust relationships*

Mutual Knowledge Communication

- Sharing knowledge about SMI and ACT model with other community system members was integral in change
  - Community education regarding this population changed the way systems regarded and interacted with SMI individuals
  - Providing evidence-based practices in trainings relevant to SMI and ACT model for community system members
  - Educating criminal justice system about ACT to more effectively work with SMI individuals
  - Sharing knowledge of positive outcomes achieved from ACT interventions
    - Effective with larger mental health agencies, landlords, and other community members

Mutual Knowledge Communication

- Sharing knowledge was a reciprocal learning experience for ACT teams
  - ACT teams benefited from the process by learning more about and from other systems
    - Most commonly discussed: criminal justice system mutual learning

Negotiation

- Important process identified to compromise between invested community service systems and ACT teams
  - Important in working with landlords
    - Adequate housing plagues SMI individuals as they are seen as undesirable tenants
      - ACT teams honestly and effectively negotiate with landlords to establish suitable housing for SMI individuals

Negotiation

- Crucial in working with the criminal justice system
  - Inherent differences in the two systems as they have vastly different approaches
    - ACT teams interested in protecting needs of *client*
    - Criminal justice system dedicated to protecting needs of *community*
      - Negotiation necessary to assuage the disparities to effectively collaborate

Renaming by Association

- Association with ACT teams reduced negative perceptions of SMI individuals by:
  - Community system stakeholders demonstrated a higher level of comfort with SMI individuals when informed of ACT team presence
    - Less likely associated as "high risk"
    - Shift in criminal justice system whereby individuals no longer seen as rarely capable of success
    - Landlords more likely to rent to individuals and not view them as poor tenants
  - Helped changed perceptions of clients as worthy of second chances

Relationship

- Development of strong, positive, and trusting relationships through dialogic processes were integral in resulted change
  - Sense of pride exuded from ACT teams members because of the successfully formed relationships
    - Development of relationships with criminal justice system seen as central to ACT teams' success
      - Established greater access and communication to criminal justice system

Focus Group Participant Summation

- ACT team immersion in community service systems described as an iterative process

- Communication, negotiation, and face-to-face contact established strong relationships between ACT teams and formal and informal community systems
  - These relationships were seen as the foundation for changes in how SMI individual were perceived in larger community systems
    - These changes in views, perceptions, and better collaborations solidified ACT/community service system relationships

Intervention for Community Service System Change

- Participants noted that prior to ACT presence, community service systems offered fragmented services and gaps among community agencies and systems
  - SMI individuals were either invisible, outside of provider awareness, or stigmatized as dangerous, difficult, and unable to succeed
- These things changed after ACT teams began working in the community
  - New methods of communication, collaboration, negotiation, and reconstructing the community systems' responses to the needs of individuals with SMI were created
  - SMI individuals were redefined and seen as in need of treatment and "worthy" of accessing formal and informal community resources

Intervention for Community Service System Change

- Local, relational, and dialogic process emerged during change process
  - ACT teams were required to help individuals with SMI navigate various community systems
    - Communication and relationship building was necessary to establish trust
    - Mutual education shared across systems as a catalyst for new ways of defining and resolving the local challenges of having SMI individuals in the community

Intervention for Community Service System Change

- Honoring and including varied views and voice was important in dialogic process
  - Negotiating was a constant process
    - Resulted in co-construction of ways to define and redefine how systems should work together to help SMI individuals succeed in the community
- Grounded in local knowledge from multiple resources, these conversations resulted in changed community systems

Intervention for Community Service System Change

- Reframed individuals' identify from an undesirable community members to being seen as an individual with a disorder

- Reframed negative behaviors from volitional to attributable to SMI symptomatology
  - This change sparked the discussion of treatment, not simply punishment or rejection
  - By association to ACT team individuals were reconstructed as *ACT clients*
    - Clienthood implies improvement and recovery
    - Created a new reality wherein SMI individuals were worthy of, and could benefit from, treatment and membership in the community

Local dialogue and local relationships

- Dialogue between community service systems and agencies was important
  - Defined problems, created identities, made claims, and reframed solutions
  - Changed local reality regarding SMI individuals through discourse
  - Built a positive relational context in a reciprocal process

Local dialogue and local relationships

- Relational systems "create(s) environments and structures that build connections and thereby encourage, facilitate, and inspire people to engage in change" (Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005, p. 228)
  - ACT can be framed as a relational systems change intervention
    - Relationships foster dialogue and dialogue fosters community service system change

Implications

- This exploratory study suggests ACT improves formal and informal resources and service systems within the local community

- Additional research needed to determine the nature of the community service systems changes that ACT facilitates
  - Also need to examine the strength and extent of these impacts

- In this study, it was clear that community changes occurred unintentionally
  - Outcomes not original goals of ACT teams

- Future research must identify ways to intentionally incorporate community change into ACT team goals and interventions

Implications

- Research to consider for further exploration
  - Which agencies, or parts of the community, are more heavily impacted by ACT?
  - Most effective ACT communication and engagement strategies to create change?
  - Are community service system changes mediating factors in individual outcomes?
  - Is ACT effective because the intervention creates a community systems context that promotes improvement, rather than simply due to the efforts of ACT teams members with individual clients?

Implications for Training and Education

- ACT communication and engagement strategies are more effective in creating community change

- Specific and intentional trainings in effective communication and engagement strategies for negotiation and building system relationships should become part of training for ACT teams

- Teams should track how outcomes at the individual level and community service systems level compare in order to evaluation their team's full impact

Limitations

- Preliminary and exploratory study
  - Data used was part of larger study
    - Focus group questions did not provide exclusive information about community change processes
- Qualitative Study
  - Issues of power and generalizability are not applicable
- Use of convenience sample
  - Within one geographic area raised questions of transferability of the findings
  - Participating ACT teams all served justice-involved SMI individuals
    - Findings may not transfer to ACT teams not serving justice-involved population

Limitations

- Data from ACT teams was self-reported
  - Social desirability bias
- Triangulation of findings with quantitative data from community would have been helpful to increase the trustworthiness of the analyses

Conclusions

- Study provides new ways of looking at ACT as an intervention
  - Moves beyond individual focus to examine impact on community service systems
- Study suggests ACT interventions may have additional impacts at the community level
  - These impacts benefit individuals with SMI and even other service recipients
- Continued evaluation of ACT as not only a community-based intervention, but as a community systems level intervention is strongly recommended

References

Angell, B., Mahoney, C., & Martinez, N. (2006). Promoting treatment adherence in Assertive Community Treatment. *Social Services Review*, 80, 485–526.

Bond, G. R., Drake, R. E., Mueser, K. T., & Lattimer, E. (2001). Assertive community treatment: Critical ingredients and impact on patients. *Disease Management and Health Outcomes*, 9, 141–159.

Burns, B. J., & Santos, A. B., (1995). Assertive community treatment: An update of randomized trials. *Psychiatric Services*, 46, 669–675.

Clark, R. E., Teague, G. B., Ricketts. S. K., Bush, P. W., Xie, H., McGuire, T. G., et al. (1998). Cost-effectiveness of assertive community treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders. *Health Services Research*, 33, 1285–1308.

Coldwell, C., & Bender, W. (2007). The effectiveness of Assertive Community Treatment for homeless populations: A meta-analysis. *American Journal of Psychiatry*, 164, 393–399.

Cuddeback, G., Scheyett, A., & Pettus-Davis,C. (2008).*The impact of forensic assertive community treatment.* Cincinnati, OH: Health Foundation of Greater Cincinnati.

Draine, J., Wolff, N., Jacoby, J., Hartwell, S., & Duclos, C. (2005). Understanding community re-entry of former prisoners with mental illness: A conceptual model to guide new research. *Behavioral Science and the Law,* 23, 689–707.

Drake, R. E. (1998). Brief history, current status, and future place of assertive community treatment. *American Journal of Orthopsychiatry*, 68, 172–175.

Dvoskin, J. A., & Steadman, H. J. (1994). Using intensive case management to reduce violence by mentally ill persons in the community. *Hospital and Community Psychiatry* 45, 679–684.

Gold, P., Meisler, N., Santos, A., Kelcher, J., Becker, D., Knoedler, W., et al. (2003).The Program of Assertive Community Treatment: Implementation and dissemination as an evidence-based model of community-based care for persons with severe and persistent mental illness. *Cognitive and Behavioral Practice*, 10 290–303.

Gomory, T. (2002). The origins of coercion in "Assertive Community Treatment" (ACT): A Review of Early Publications from the "Special Treatment Unit (STU) of Mendota State Hospital. *Ethical Human Sciences and Services*, 4, 3–16.

Greenberg, G. A., & Rosenheck, R. A. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services*, 59, 170–177.

Hernickx, H., Swart, S., Atna, S., Donezal, C., & King, S. (2005). Rearrest and linkage to mental health services among clients of the Clark county mental health court program. *Psychiatric Services*, 56, 853–857.

D., & Morley, I. (2004). Social constructionism in community and applied social psychology. *Journal of Community and Applied Social Psychology*, 14, 318–331.

Ingram, M., Sabo, S., Rothers, J., Wennerstrom, A., de Zapien, J. (2008). Community health workers and community advocacy: Addressing health disparities. *Journal of Community Health*, 33, 417–424.

Janzen, R., Nelson, G., Hausfather, N., & Ochocka, J. (2007). Capturing system level activities and impacts of mental health consumer-run organizations. *American Journal of Community Psychology*, 39, 287–299.

Kirsh, B., & Cockburn, L. (2007). Employment outcomes associated with ACT: A review of ACT literature. *American Journal of Psychiatric Rehabilitation*, 10, 31–51.

Lamberti, J. S., Weisman, R., & Faden, D. I. (2004). Forensic assertive community treatment: Preventing incarceration of adults with severe mental illness. *Psychiatric Services*, 55, 1285–1293.

Lang, M., Davidson, L., Bailey, P., & Levine, M. (1999). Clinicians' and clients' perspectives on the impact of Assertive Community Treatment. *Psychiatric Services*, 50, 1331–1340.

References

Lehman, A. F., Steinwachs, D. M., & co-investigators of PORT project. (1998). Translating research into practice: The Schizophrenia Patient Outcomes Research Team (PORT) treatment recommendations. *Schizophrenia Bulletin*, 24, 1–10.

Mallik, K., Reeves, R., & Dellario, J. (1998). Barriers to community integration for people with severe and persistent psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 22, 175–180.

Markoff, L., Finkelstein, N., Kammerer, N., Kreiner, P., & Prost, C. (2005). Relational systems change: Implementing a model of change for women with sub- stance abuse and mental health disorders and histories of trauma. *Journal of Behavioral Health Services and Research*, 32, 227–240.

Morrissey, J., & Goldman, H. (1984). Cycles of reform in the care of the chronically mentally ill. *Hospital and Community Psychiatry*, 35, 785–792.

Morrissey, J., Myer, P., & Cuddeback, G., (2007). Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. *Community Mental Health Journal*, 43, 527–544.

National Advisory Mental Health Council. (1993). Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council. *American Journal of Psychiatry*, 150, 1447–1465.

Perese, E. (2007). Stigma, poverty, and victimization: Roadblocks to recovery for individuals with severe mental illness. *Journal of the American Psychiatric Nurses Association*, 13, 285–295.

Rodwell, M. (1998). *Social work constructivist research*. New York: Garland.

Rothman, J. (1991). Empirically based models of case management. *Social Work*, 36, 520–527.

Saunders, J., & Marchik, B. (2007). Building community capacity to help persons with mental illness: A program evaluation. *Journal of Community Practice*, 15(4), 73–96.

Scheyett, A. (2005). The mark of madness: Stigma, serious mental illnesses, and social work. *Social Work In Mental Health*, 3(4), 79–97.

Staggs, S., White, M., Schewe, P., Davis, E, & Dill, E. (2007). Changing systems by changing individuals: The incubation approach to systems change. *American Journal of Community Psychology*, 39, 365–379.

Stein, L., & Test, M. (1980). Alternative to mental hospital treatment: I. Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37, 392–397.

Witheridge, T. F., (1989). The Assertive Community Treatment worker: An emerging role and its implications for professional training. *Hospital and Community Psychiatry*, 40, 620–624.