

# ACT Center of Indiana

*Excellence in Training, Research and Technical Assistance*

Volume VIII, Issue 2, October 2009

## Notes from the Directors

Fall certainly came quickly this year, bringing with it many changes here at the ACT Center. Last month we celebrated contributions of our dear friend and colleague Gary Bond, Ph.D. Gary retired from IUPUI this year, but is far from retirement. Please see the article from Charlie Boyle on page 3 and check our website for the slides from the conference <http://www.psych.iupui.edu/ACT/index.html>. The ACT Center has also grown, as we have a few new faces among us (see pgs 2

and 8). Last, but certainly not least, we are celebrating LifeSpring, Inc. as they were awarded the prestigious Science & Service Award from the Substance Abuse and Mental Health Services Administration (see page 8) – Congratulations!!



## Data Management

*Jennifer Wright and Daniel Clendenning*

Dear ACT Team Leaders:

As you are aware from previous discussions, we are making every effort to gather data which we will use to improve ACT services in the State of Indiana, offer you opportunities to access reports, and show how ACT has been beneficial to our consumers.

Toward that effort, I have been “cleaning” the admission and discharge data for your team. We have gathered this data through the years from admission forms you submitted and the discharge data collected during fidelity. Cleaning data essentially means that I have been looking for inconsistencies in the data, missing data and fixing small problems.

We will be mailing you a letter of the ACT clients from your team

(past and present) that we have information for. What we need from you is to look carefully through this data, compare it to a list of all the ACT clients you have ever served on your team, and to follow the specific instructions I have provided for you below. I ask that you fill in the missing data or provide that data requested in your specific instructions below and return to me at your earliest convenience.

I am here to assist you with this process if you need anything and I want to make this as easy for you as I can. Please find my contact information below, and we sincerely appreciate your time in this endeavor.

Thank you,

Jennifer Wright  
Daniel Clendenning

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# Up Close and Personal

*Ana Kaur, ACT Center of Indiana Office Manager*

Greetings everyone my name is Ana Kaur, and I am the office manager for the ACT Center of Indiana. I have been with the ACT Center since the beginning of June 2009. In the past few months I have gotten to meet many wonderful and intelligent individuals here. I would now like to introduce myself to everyone too. I was born and raised in Sacramento, CA. I served in the United States Air Force for four years, and loved every minute of it. I then wanted a career change so after my enlistment was over I moved to Indianapolis, IN to finish up my undergraduate degree in Psychology at IUPUI. I graduated from IUPUI with my undergraduate degree in Psychology in August 2008. I am a lifelong learner and strongly believe in education.

When I get free time I love traveling to different places and sightseeing. So far I have been to India, Germany, Mexico, and Canada...and many different cities within the United States. I also love white water rafting. There are not many locations within Indiana to white water raft, so I am planning on taking a vacation to either West Virginia or back to California soon to partake in some whitewater rafting action. I also enjoy spending time with my family and friends, volunteering my time in the community, watching movies, and getting a full 8 hours of sleep (which is rare)!

## Overcoming the Five Dysfunctions of a Team

*By Dave McClow, M.Div, LCSW, LMFT*

Have you ever had a boring team meeting or any meeting that once it ended, a second off-the-record meeting started in the hallways or behind closed doors, evaluating (to put it nicely) the first meeting? “Can you believe what they are asking us to do? It’s just not fair, and I’m not going to do it.” Or maybe they don’t even say it out loud, but they think it and make the same resolution. We have all seen this or even been a part of this scenario in one form or another. In a few short sentences three of the five dysfunctions of a team come alive.

In the mental health world, an ACT Team Leader has an added layer of difficulty in managing the team because they have to work together so closely. As a therapist or regular case manager, you might have a weekly team meeting, but mostly you did as you pleased with your clients in a lone-ranger fashion. If there was conflict on the team you could, for the most part, ignore it because you only had to deal with them once a week. But with the ACT Team daily meetings and shared case loads, rifts and conflicts become more pronounced and painful without an effective way of dealing with them.

The first time I read *The Five Dysfunctions of a Team* by Patrick Lencioni, I was still a Team Leader. I recognized its elegant simplicity without being simplistic. I also noted the extreme difficulty of implementing it. I was overwhelmed with the conflict on the team. I did not have help, and everyone suffered due to my lack of knowledge and skill!

So what are the five dysfunctions of a team and how do you overcome them? The dysfunctions build on each other, and thus Lencioni conceptualizes them in a pyramid. The absence of trust is at the base, and it allows all of the other dysfunctions to flourish. Here is a brief description of each:

1. **Absence of Trust:** Members of the team will be unwilling to be vulnerable about their weaknesses and mistakes. Negative assumptions will be made frequently about the intentions and attitudes of others, with no clarifications. There is little recognition and use of each other’s skills and experiences. Grudges may rule the day.

2. **Fear of Conflict:** Teams that don’t do conflict will have boring meetings; there is no passionate debate. It will also create the second meeting mentioned in the example (which is another name for office politics). The team will ignore the “elephant in the living room” that is holding back their success. There will be silent members who have much to say and contribute, but the team will fail tap into them.

3. **Lack of Commitment:** If the team members have not aired their opinions in an open and passionate debate (conflict), it is unlikely they will buy in or will commit to the decisions made, even though it appeared that they did. There is ambiguity on the team regarding direction and priorities.

*“Overcoming the Five Dysfunctions of a Team” Continued on Page 8*



*Gary Bond*

## **Festschrift for Dr. Gary Bond**

*by Charles Boyle*

On September 24th at the end of the first day of the Festschrift for Dr. Gary Bond, he was presented the Distinguished Hoosier Award for his life long research on Assertive Community Treatment and other Evidence Based Practices.

A Festschrift is a celebration of a persons work through a symposium focused on the topics of that person's research. The staff of the ACT Center and many others planned this event for almost a year. That effort was evidenced in the success of the event. Over seventy people were present to hear from and meet with an amazing collection of experts who came to honor Dr. Bond by presenting on topics related to his area of research.

I was very pleased to be able to attend this event for several reasons. First of all it was an opportunity to recognize Dr. Bond and his work. ACT would not exist in Indiana as it is now if it were not for his efforts, research, and insistence that the Indiana certification rules adhere to fidelity. There is little related to ACT in Indiana that cannot be traced to Gary Bond.

Secondly, the event was an opportunity to hear from the finest researchers in the field. The distinguished list of presenters included such nationally known names as Drs. Drake, Rapp, Morrissey, Mueser, Teague, Goldman, Zipple, McGrew, Salyers, Rollins, Resnick and others. It was a veritable who's who of researches on Evidence Based Practices. The presentations were a wonderful mix of topics that generated interesting questions and subsequent discussion by the audience.

And lastly the Festschrift provided an opportunity for us to recognize his life long dedication to mental health services by presenting him with the Distinguished Hoosier Award. The Distinguished Hoosier Award is one of the highest awards given by the state of Indiana to its citizens. It is given at the discretion of the governor to Hoosiers who have brought honor to

the state through their character and accomplishments.

The award was given with the following statement, "In recognition of your years of dedication and your contributions to mental health services in Indiana, the nation and the world, it is with great pleasure that I present from Governor Mitch Daniels, to Dr. Gary Bond, the Distinguished Hoosier award."

In making the award it was mentioned that for many, many years Gary urged the state to implement ACT. On numerous occasions he voiced his frustration about that. There is some irony in the fact that the state with the leading researcher and expert in ACT was so slow to formalize and develop ACT teams.

The presentation also pointed out the legacy of Dr. Bond to Indiana will continue through those he mentored and taught, especially the staff of the ACT Center.



*Dr. Gary Bond's Festschrift 2009*

*"Festschrift for Dr. Gary Bond" Continued on Page 4*

Following the presentation of the award Dr. Bond voiced his appreciation of the award and the event. His heartfelt thanks were best evidenced by his choking back tears as he thanked all those who recognized and honored him. He specifically mentioned how impressed and pleased he was that so many former students managed to participate in the Festschrift.

It is impossible in a brief presentation of an award or in a two day Festschrift or in an article such as this to adequately encapsulate a career of twenty six years at IUPUI. The total affect of the life of research of Dr. Gary Bond on the mental health systems cannot be measured. I have long been proud that the name of Dr. Bond was linked to Indiana and I hope the Distinguished Hoosier Award serves to maintain that link as he continues his research at Dartmouth.



*Dr. Gary Bond and his wife Karli Lindig*



*Dr. Gary Bond's Former Students*

## JOIN OUR LISTSERV

We believe the listserv will be beneficial, educational, and helpful to your understanding and implementation of evidence-based practices (EBPs) such as Assertive Community Treatment (ACT), Integrative Dual Disorders Treatment (IDDT), and Illness Management and Recovery (IMR) as well as other statewide and nationwide initiatives.

If you would like to be added to our listserv, please send your name, phone number, email address, with whom you are affiliated (e.g., mental health center name), and your position if applicable (e.g., case manager) to [ACTCtr@iupui.edu](mailto:ACTCtr@iupui.edu). Please share this opportunity with others who may be interested.



### Share Your Success Stories

We are looking for stories about recovery related to Assertive Community Treatment (ACT) or Illness Management and Recovery (IMR) and would like to hear directly from consumers about how ACT or IMR have helped.

We would appreciate your time and effort in encouraging any consumers you know that may want to share their stories. By gaining the knowledge of positive experiences from consumers, we hope to help other consumers, mental health advocates, and providers to improve recovery outcomes; Any questions or concerns can be sent to [dshimp@iupui.edu](mailto:dshimp@iupui.edu) or call (317) 988-2074. Again, we appreciate any encouragement and support you can provide.

We look forward to hearing from you and will let you know if your story was selected for the website or newsletter!

### Looking for a job? Looking for an employee?

The ACT Center of Indiana provides a section of our website for job announcements. If you are an employer and would like to advertise an open position, contact [ACTCtr@iupui.edu](mailto:ACTCtr@iupui.edu). If you are looking for a job, just go to <http://www.psych.iupui.edu/ACT/HOME%20PAGE/Job%20Postings/Job%20Postings%20List.pdf> and look at the jobs being advertised.

4. Avoidance of Accountability: If there is no buy-in and/or clarity about what is to be done, there will be a lot of hedging when it comes to accountability. Also, if it is not clear what the commitment is, the team members are hesitant to “call” each other on not living up to the commitment.

5. Inattention to Results: Individual needs are placed before the good and the goals of the team. The team then is easily distracted and fails to function as a team; it is more of a collection of individuals looking out for themselves.

From the example, we can see that the team is avoiding conflict. This indicates a lack of trust, because the team cannot passionately discuss opposing points of view. There is certainly no buy-in, which indicates a lack of commitment.

We are now walking teams through a series of exercises designed to overcome each of the five dysfunctions, and we are seeing real progress. When a team is functioning well, there is nothing that can beat it in terms of productivity, or even more in terms of spirit. There is a feeling of respect and hope that emerges.

We start with the team assessment to clarify the five dysfunctions of a particular team. Then we have the team do a series of highly leveraged activities that are very practical and relevant. They have an immediate, positive impact. One exercise we do to build trust is to have each member tell a story of how he/she has overcome something in his/her life. Next we help the team define their own norms to handle conflict.

There are two simple techniques to counteract ambiguity in commitments: 1) Commitment Clarification and 2) Cascading Communication. For the last five minutes at the end of every meeting, ask “What exactly did we decide here today?” Write out the decisions that were made. Many times there will be a disagreement about what was decided, which will force the team to clarify the commitment.

After the commitment is clarified, how is the information going to be disseminated or cascaded through the organization? Answering the following questions will help clarify this:

- 1) Is the decision/commitment confidential?
- 2) Who needs to know?
- 3) How are you going to let them know?
- 4) When are you going to tell them?

Major decisions and changes should probably be communicated in person or on the phone so that the recipients have a chance to ask clarifying questions. There

needs to be a simple record of the decisions and some time during the first few minutes of the next meeting to review the progress. Ideally your commitments should be based on your vision and mission of the organization.

Once the team clarifies the rules it wants to live by, team members can call each other on not living up to a commitment—accountability. They can also affirm each other when they do live by them. If the Team Leader is the only one calling people on things, then you don’t have a functioning team.

So with these and other exercises we can move a team from the five dysfunctions of a team that include 1) an absence of trust, 2) a fear of conflict, 3) a lack of commitment, 4) an avoidance of accountability, and 5) an inattention to results to overcoming them. Let us know how we can help your team overcome the five dysfunctions of a team, so that you can have a truly cohesive team that looks like this:

- 1) They trust one another.
- 2) They engage in unfiltered [and passionate] conflict around ideas.
- 3) They commit to decisions and plans of action.
- 4) They hold one another accountable for delivering against those plans.
- 5) They focus on the achievement of collective results (p. 189-190).

Lencioni, Patrick. *The Five Dysfunctions of a Team*. San Francisco: Jossey-Bass, 2002.

# How are Consumers Active in the Treatment Session?

*Michelle Salyers, Co-director, ACT Center of Indiana*

We recently completed a pilot study at Adult&Child as part of our NIMH-funded research grant to understand ways that consumers with severe mental illness may be active in the treatment session. In other areas of health care, people have been studying “patient activation” or the extent to which the consumer has the knowledge, skill, and confidence to actively manage their illness.

To help us explore this, we recruited four mental health providers (3 psychiatrists and one nurse practitioner) and 10 of their consumers with severe mental illness (40 total) to participate in a small study. We gave questionnaires to consumers to measure their level of activation and illness management and their attitudes towards medications. We audiotaped one psychiatric visit for each consumer and studied transcripts of those visits. Using a qualitative approach of thematic analysis, with a team of people reading the transcripts, we identified several different ways that consumers were active in the treatment session.

**Partnership building** – Consumers often talked about things they were doing outside of their session to manage their illnesses and maintain mental health, for example, pursuing work or education, taking medications, and exercise. These can be good opportunities for providers to praise and reinforce efforts at self-management.

**Seeking/displaying competence** – Consumers often expressed an understanding of their illness, for example, identifying triggers that made symptoms worse or knowing what things helped improve symptoms. They sometimes asked direct questions to gain further knowledge about their illness. Again, these may be teaching moments for providers to help expand and reinforce a consumer’s self-management skills.

**Directing treatment** – Consumers did not often give specific requests for direction in treatment. In only 5 of the 40 tapes we heard a request to change the course of treatment in a specific way (e.g., decrease a medicine). More often, consumers brought up

concerns or worries they had, perhaps as a more indirect way of asking for something else in treatment. Providers need to be attuned to the more subtle expressions of a desire for change. We also need to do a better job of helping coach people to speak up in sessions with their doctors. For example, programs such as Common Ground can help consumers be more active in partnering with treatment providers (Deegan PE: The lived experience of using psychiatric medication in the recovery process and a shared decision-making program to support it. *Psychiatric Rehabilitation Journal* 31:62-69, 2007).

Finally, we also saw places where consumers might be more active, but were not, as well as places in which the provider could have encouraged active involvement, but did not. We called these “missed opportunities.” If you are interested in reading more about this study, please see the upcoming issue of *Psychiatric Services* (November 2009).

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The ACT Center of Indiana is a collaboration of the IUPUI Department of Psychology and Adult & Child Center of Indianapolis.

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Our mission is to integrate research and practice to promote implementation of and continued commitment to high-quality, recovery-focused, evidence-based practices for adults with severe mental illness.

To change your subscription to the ACT Center of Indiana semi-annual newsletter, contact [ACTCtr@iupui.edu](mailto:ACTCtr@iupui.edu) or (317) 988-4189.

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## *Congratulations to LifeSpring!*

### **SAMSHA Science & Service Award**

***Dawna Fawcett, Vice President of Behavioral Health Services, LifeSpring, Inc.***

LifeSpring, Inc. (Jeffersonville, Indiana) is very pleased to have been awarded the SAMSHA Science & Service Award for our ACT Team for 2009. We have a talented Supported Employment Specialist who has found employment for many of our clients and won the 2008 Outstanding Employment Support Award. Our Psychiatrist and other team members are also very dedicated to the ACT model. Our commitment is to our clients and helping them help themselves to improve their lives, we truly appreciate the recognition.



### **Staff Changes at the ACT Center**

Grace Lee joined the ACT Center team in September 2009 as a clinical research assistant. Grace graduated with a B.A. in Psychology from Case Western Reserve University in May 2009. She has undergraduate research experience in clinical and cognitive psychology, and has worked as a research assistant for a clinical research study assisting children and adults with PTSD in the Cleveland inner-city, in addition to working at a perception lab for an experimental psychology study that tested populations with Alzheimer's and Parkinson's Disease. She plans on continuing her education in a psychology graduate program.

Linda Collins joined the ACT Center team in September 2009 as an undergraduate research assistant. Linda is a senior at IUPUI. She anticipates graduation in May 2010, at which time she will receive a B.S. in Psychology. Her track concentration is in industrial and organizational psychology. She will be applying to IUPUI's I/O terminal master program in the spring. Before coming to IUPUI she earned an Associate of Arts degree from Ivy Tech Community College. Linda is currently working as the mentor coordinator for the Nina Mason Pulliam Legacy Scholars, of which she has been a recipient for five years. She is also working for the ACT Center as the research assistant for the shared decision making project.

The ACT Center is very happy to have these two very wonderful and intelligent people on board.