

ACT Center of Indiana

Excellence in Training, Research, and Technical Assistance

Newsletter

April 2002

Volume 1 * Issue 2

Notes from the Directors

The past few months have brought about some exciting new things at the ACT Center! First, we'd like to welcome two new trainers to our team -- Lia Hicks and Mike Brady, both of whom are experienced ACT team leaders from Adult & Child. They will be a great help with our clinical training!

As we mentioned in our last newsletter, Indiana is participating in the national project to implement evidence-based practices for adults with severe mental illness. As part of this project, several of us attended a meeting in Baltimore to learn more about what this project will mean for us. Indiana will be supporting 8 new ACT programs and 5 new Integrated Dual Disorders Treatment programs (for substance use disorders/mental illness). We will have support from national researchers and trainers and will be able to provide state-of-the-art training technology in these areas. We will also be involved in evaluating how effective these training materials are. This is a very exciting project, and we are looking forward to working with administrators, providers, consumers, and family members on enhancing these services in our state!

We recently had some special visitors here to learn more about Indiana's ACT initiative. A team of researchers from Japan -- Iwao Oshima, Ph.D., (Associate Professor, University of Tokyo, Japan NAMI Research Institute), Junichiro Ito, M.D., Ph.D. (Director of Department of Psychiatric Rehabilitation, NIMH, Japan), and Yukako Nakamura, M.A. (Researcher, Japan NAMI) -- and their host, Eri Kuno, Ph.D. (Research Associate, University of Pennsylvania), spent a day with DMHA and the ACT Center and another day at Adult & Child Center, job shadowing the certified ACT program. This research team is learning more

about ACT and other evidence-based practices in order to introduce them to Japan. Currently Japan has the highest rate of psychiatric hospitalization in terms of the ratio of the number of inpatient beds to people. The research team is planning to develop an ACT pilot study to promote deinstitutionalization. Their visit to Indiana was one of several they have made to learn how to implement and disseminate ACT throughout their country. We enjoyed spending time with them and hope to continue collaborative relationships in the future. (See pictures below.)

Our own training activities have taken off. We have conducted several regional trainings throughout the state (Madison, Indianapolis, Fort Wayne) and the next one is planned for May 6th in Southwest Indiana. We have also consulted with several agencies seeking to implement ACT, and we still continue to provide intensive training to the 3 certified ACT teams. We are looking forward to working with the upcoming 8 new ACT programs as well as the programs that will be implementing integrated dual disorders treatment.

Melville P. Salzman PhD Michele DonKamon MA, LCSW



ACT Center Listserv & Website

Join our listserv - a way to receive ACT updates, announcements, articles, and answers to your questions about ACT over your email! If you would like to subscribe, email the following information to vbannon@iupui.edu: name, phone number, email address, affiliation (e.g., MHC name) and position, if applicable (e.g., case manager).

Check out our website for more about the ACT Center and ACT! You'll find information about our resources, job postings, and more, not to mention links to other great resources on ACT and related topics. Visit us today! Go to <http://psych.iupui.edu/ACTCenter/ACTHome.htm>.

FAQ on ACT

Q: What states are doing Assertive Community Treatment (ACT)?

A: Many states across the U.S. are implementing ACT to various degrees. According to Elizabeth Edgar of the NAMI ACT Center, approximately 49 states have some level of ACT implementation. In addition, ACT programs can be found in several other countries. Check out the NAMI website (<http://www.nami.org/about/chart.htm>) for more information.

Q: Aside from the founding program in Madison, WI, what other "model" ACT programs does the ACT Center recommend as examples of how ACT is implemented?

A: The programs at Adult & Child in Indianapolis do a creditable job. Rhode Island programs are regarded highly. The Thresholds Bridge program in Chicago is doing some interesting work on both jail detainees and on employment. All in all, there is some variety in different ACT programs based out of different areas. It depends partly on what you are seeking to find out.

Q: What evidence based practices (EBP) for the treatment and rehabilitation of persons with SMI were identified in the 1998 RWJ Foundation report?

A: The six EBPs that have been identified are:

Assertive community treatment	Supported employment	Family psychoeducation
Medication management	Integrated dual disorder treatment	Illness management and recovery

Dartmouth is heading the development of toolkits for all six EBPs, and different states have taken the task of implementing and researching them. Indiana has committed to working on ACT and Integrated dual disorder treatment.

AT ISSUE

Is ACT paternalistic?: A preliminary report

John McGrew, Research & Program Evaluation, ACT Center of Indiana

Background.

ACT has been shown to be superior to a variety of alternative models of community care for persons with severe mental illness and is being widely promoted as an evidenced-based practice. However, there also is criticism of ACT, both from professionals and from an articulate segment of the consumer movement. Much of the criticism centers on the view that ACT is paternalistic, with a tendency to overuse social and monetary behavior controls and to overemphasize the delivery of medication. Critics seem most concerned that an overemphasis on "help" may erode consumer choice and autonomy, while producing a treatment culture that is perceived as patronizing, aggressive, intrusive, and disempowering. Most of these criticisms, however, have been based on theoretical analyses of ACT or anecdotal reports.

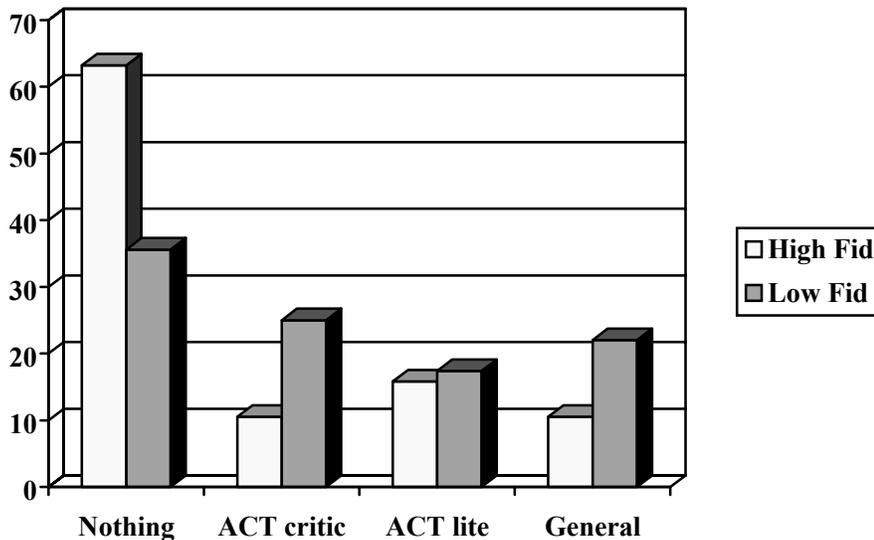
To date there has been no systematic study of criticisms of ACT by recipients of ACT services. We recently completed a study of 179 clients served in 6 assertive community treatment (ACT) programs to help answer this question. Clients answered an open-ended ACT-worker-administered question about what they liked least about ACT. Clients' responses were recorded verbatim and carefully grouped into similar categories using an iterative process.

(cont'd next pg.)

ACT Center of Indiana

Results.

Forty-four percent of the clients reported that they disliked nothing about ACT, 21% disliked features considered specific to ACT (home visits) or that had been criticized in the literature (too intrusive), 17% were dissatisfied with under-implementation of elements thought to characterize ACT (frequent visits), and 19% were dissatisfied with general aspects of mental health service delivery (office inconvenient). To determine if client responses varied by ACT site, we classified the 6 sites using a fidelity scale, the Index of Fidelity to ACT (IF-ACT).



Four sites were classified as exhibiting low fidelity to the model and 2 sites were classified as exhibiting high fidelity. As shown in the figure above, there were clear site differences. Compared to low fidelity sites, clients at high fidelity sites expressed fewer total complaints (“Nothing” in the chart: 36% vs. 62%), fewer complaints about ACT-specific elements (“ACT critic” in the chart: 11% vs. 22%), and tended to have fewer criticisms about general elements of mental health service delivery (“General” in the chart: 11% vs. 21%).

Conclusions.

We wanted to know about clients’ dislikes of ACT. We also specifically wanted to know if clients thought ACT was paternalistic. Consistent with previous work indicating that most ACT clients tend to be satisfied with services, almost half of the ACT clients reported that there was nothing they disliked about ACT. Most clients, however, reported at least one dislike. However, fewer than 20% of ACT clients were concerned with negative features that seemed specific to ACT (e.g., home visits) or that had been criticized in the literature (e.g., paternalism). Thus, there does appear to be a subgroup of clients who are dissatisfied with the “negative” paternalism and medication emphasis of ACT, as reflected by feelings such as intrusiveness, confinement and overcriticalness. Experts have noted that the ACT team must both take full responsibility for the client's well-being and respect and encourage client self-responsibility. These results indicate that achieving the delicate balance between these sometimes-contradictory objectives may not be met for some clients.

Interestingly, complaints tended to be concentrated in ACT teams that were more poorly implemented. Clients served by high fidelity teams reported half the number of dislikes. These results are consonant with the common-sense notion that clients receiving high quality services report fewer dislikes about those services, and with the observations that client complaints tend to be minimized with skillful ACT workers.

Need resources on ACT or related topics?

Have questions or comments?

Want to register for training?

Interested in our listserv?

CONTACT VERONICA
ADMINISTRATIVE COORDINATOR
VBANNON@IUPUI.EDU

ACT Center of Indiana

Congratulations to the 8 new ACT sites approved by DMHA!

3 Existing ACT Sites (approved 7/2001)

Adult & Child Center, Inc. (Indianapolis)
Community Mental Health Center, Inc. (Lawrenceburg)
Four County Counseling Center (Logansport)

8 New ACT Sites (approved 4/2002)

Cummins Mental Health Center, Inc. (Danville/Avon)
Hamilton Center (Terre Haute)
Midtown Community Mental Health Center (Indianapolis)
Northeastern Center, Inc. (Kendallville)
Oaklawn Psychiatric Center, Inc. (Elkhart)
Park Center, Inc. (Fort Wayne)
Quinco Behavioral Health Systems (Columbus)
Swanson Center (Michigan City)

We look forward to working with these approved ACT Teams as well as other centers who are interested in ACT and starting their own teams in the future.*

*At this time, the above sites will be given priority for individualized ACT trainings, site visits, and consultations. However, please feel free to contact us by phone and/or email with questions and for resources at anytime. We appreciate your understanding and patience.

What's on  ***the schedule?***

If you are interested in registering for an event below or want to schedule individual training or consultation for your center/organization, please contact us for more information. Thank you for your interest!

Recent Trainings

February 1, 2002	Indianapolis Regional ACT Training	Indiana Government Center South
March 15, 2002	Fort Wayne Regional ACT Training	Park Center, Inc.

A big THANK YOU to our hosts and all who attended!

OPEN REGISTRATION

Open to All Interested

May 6, 2002	Southwest Indiana Regional ACT Training	RSVP deadline 4/26/02
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Open to Vocational Rehabilitation (VR) Staff Only

May 21, 2002	Kokomo Regional VR Training on SE & ACT	RSVP deadline 5/10/02
Early June 2002	Vincennes Regional VR Training on SE & ACT	TBA
Late June 2002	Indianapolis Regional VR Training on SE & ACT	TBA

Upcoming Events

June 19-21, 2002	ACTA ACT Convention (Chicago, IL)	http://www.actassociation.com/conference/
June 26-30, 2002	NAMI Conference (Cincinnati, OH)	http://www.nami.org/convention02/index.html

A Key Element of ACT Team Success: Finding the Right Team Leader

Lia Hicks

ACT Team Leader, Team Sear, Adult & Child Center
Trainer/Consultant, ACT Center of Indiana

There's no doubt about it---starting and implementing an ACT team is hard work! The staff that are hired to be a part of an ACT team must truly be interested and dedicated to the model and be able to embrace and thrive in a changing environment. One of the key elements to ensuring that the ACT team is staying true to the model/standards and that the team is making changes and modifications along the way is leadership and direction from a qualified, enthusiastic, experienced, multitask oriented team leader.

For centers looking to hire a team leader for an ACT team, it is imperative that you hire someone with experience in community-based treatment, as well as previous clinical supervisory /management/ administrative experience. This position truly requires one to wear multiple hats and be able to multitask on a continual basis. Flexibility is an absolute must, and you want to find someone who not only is adaptable to change, but actually enjoys it and can positively motivate others to embrace it. For those out there who enjoy a forty-hour week or a 9-5 schedule--- forget it! The team leader needs to be available when the team staff and consumers need assistance. Now don't get too scared by that last comment. I'm not saying that one must live, breathe, and eat "ACT team", but I'm stressing the reality of the responsibility and commitment involved in this position. From personal experience, I can say that I find the team leader role exciting and challenging every day. Being part of a team of

dedicated professionals that work so closely together to provide assertive services to consumers is extremely rewarding.

The ACT Center recognizes that it may be challenging to find a candidate that fits all the criteria above, but we encourage agencies to take the extra time and effort to hire a team leader that is truly and uniquely qualified. Without this key element from the team's inception, following the ACT model and standards may lead to increased frustration rather than the welcomed change and challenge that it should be.

One of the common questions we have received from those agencies starting to develop ACT teams is whether the ACT team leader should be an existing staff member or a new hire. The answer to this depends on the availability, experience, and interest of your existing staff, but one thing to keep in mind is the DMHA Indiana ACT standards. The standards allow for a team to achieve Provisional I certification with a bachelor's level team leader; however we would recommend that agencies hire a permanent master's level team leader from the beginning. By doing so your team will avoid the task of replacing a temporary team leader after just one year (to meet Provisional II certification standards).

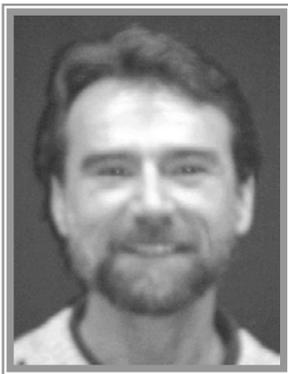
If you have further questions or comments regarding the team leader position, please contact the ACT Center or post your questions on our listserv.

There is no such thing as a dumb question.

When it comes to ACT, other Evidence Based Practices, and related topics, there is no such thing as a dumb question. To better serve & assist you, please send your questions, comments, thoughts, & suggestions to us. We will reply as well as share the information with others who may just be wondering the same things!

Up Close & Personal

With the ACT Center Team



John McGrew, Ph.D.

Research & Program Evaluation, ACT Center of Indiana

My name is John McGrew, and I am a clinical psychologist and associate professor of psychology at IUPUI. My professional interests have focused on community treatments of persons with severe mental illness. In addition to a primary interest in ACT, my work includes evaluation of the closing of Central State Hospital, Muscatatuck State Hospital and the downsizing of Madison State Hospital, evaluation of Supported Employment, and the creation and implementation of performance indicators for mental health systems including helping to develop the very popular HAPI-A and HAPI-C instruments.

On the personal side, I was born in 1953 in Germany, the son of a war bride, a German-Czechoslovakian refugee from the Soviet takeover of Eastern Europe and an American career military officer in the allied army of occupation after World War II. I grew up on Air Force bases in the United States and overseas, including bases in Indiana, Mississippi, Missouri, Ohio, Oklahoma, England, Japan, France, and Germany. Our nomadic existence made us a close-knit family. We finally settled in Indianapolis after my Dad retired, where I completed my senior year at Lawrence Central High School.

Noting that my Dad would buy me a Mustang if I paid my way through college, I enrolled at General Motors Institute (sometimes described as a military academy for industry—no girls, hard

work, and graduates had the inside track to promotions). At GMI, I obtained a bachelor's in Mechanical Engineering while working half time at Allison's Gas Turbine designing jet engines. Later, I obtained a Master's in engineering from the University of Michigan. Although I worked at Allisons for five years I was never completely happy and sought out vocational counseling to figure out what I wanted to be when I grew up (I still hope to grow up some time soon). However, two of the suggested options were impractical (priest—I am neither Catholic nor wish to be celibate and musician—although I love playing guitar, I know a lot of starving musicians), so I explored the third, psychologist, by taking evening coursework at IUPUI. I eventually earned my Ph.D. in Clinical Psychology from IU Bloomington in 1991. Clinical Psychology was the perfect choice for me—combining research in a fascinating and challenging subject area with an emphasis on helping people. Since that time I have taught in the psychology department at IUPUI.

My personal interests are in reading, walking, and playing guitar, when I am not being a full-time Dad to my two kids (Kirsten-born 1988, Ian-born 1992) or husband to my wife. My friends will tell you I am most animated when talking about religious/spiritual topics, and I also like to discuss politics—the two areas you are never supposed to talk about.

Veronica Bannon, B.S.

Administrative Coordinator, ACT Center of Indiana

Hello! My name is Veronica Bannon. As a recent graduate of IUPUI with my Bachelor of Science in Psychology, I have found myself in two positions on the IUPUI campus—ACT Center of Indiana Administrative Coordinator and Research Associate for the Center for Service and Learning. For the ACT Center, I am not sure I have enough room to ramble off a complete job description, but I would have to describe my job as doing a little bit of everything behind the

scenes of the center—secretary to receptionist to editor to stage manager to drill sergeant—the typical administrative staff person, hey?! It is a great job working with great people, and being that the center is fresh, young, and without much of a template to run



ACT Center of Indiana

by, there is oodles to do and plenty of room for innovation and creativity establishing resources, programming, and making the office, trainings, and contact with you run as smoothly, effectively, and efficiently as possible.

So, how did I ever find myself interested in ACT and working with the ACT Center of Indiana? In 2000 during my undergraduate career at IUPUI, I participated in a practicum at Adult & Child Center. I received firsthand experience with ACT as I job shadowed team leader Lia Hicks (who now is also part of the ACT Center) and several case managers on one of Adult & Child's ACT Teams, Team Sear. During this experience, I gained an understanding of the principles, philosophy, and application of ACT and was exposed to the real day-to-day life of not only the team leader and team members but also of the consumers involved in the ACT program. Knowing of this experience, my hard work and skills, and through connections within the IUPUI Psychology Department, several founding ACT Center of Indiana staff members swooped down upon me and convinced me that I was the person for this job. So, I, too, came on board with the Center in the summer of 2001 to help with the new Indiana initiative to implement ACT.

On a personal note, I am a home-grown Hoosier and have lived in Indy my whole life so far (...let's just say I am still a "youngen"). I did the elementary, middle, and high school thing in Pike Township and graduated salutatorian from Pike High in 1997. Off to IUPUI I went where I

decided not to pursue fulfilling being my mom's "little actress," promoted by her occasional comments of my sometimes silly and dramatic childhood behavior. Rather, I went on to graduate top of my class in Psychology...not to mention bumping into Nathan. (Who says you can't find love on a commuter campus?)

You may be asking yourself, what does Veronica do other than work? Most importantly, my best friend, love of my life, and now fiancé, Nathan Pedrick, and I are working diligently toward (and really looking forward to) our long-awaited wedding this coming August 31st. In the midst of all the excitement and having fun with wedding plans along with apartment hunting, Nathan finishing up his Chemistry degree, and doing the career search thing, Nathan and I attend church regularly and usually get in a walk or jog, newspaper crossword, a video, or an evening out for dinner every once in awhile. Some of things I like to do "on the side" include crafts, charcoal drawing, volunteer work, and spending time with family and close friends.

I am so glad to see Indiana taking a lead in implementing ACT throughout the state, and I encourage you to learn more! Always feel free to contact us if you need assistance, information, and/or resources. I am also pleased to announce that as of July 2002, I will be working full-time with the ACT Center, so you will have more of a chance to catch me at my desk! I look forward to the extra time to help assist you with your needs. ☺

Recruiting applicants for your ACT Team?

Searching for places to post jobs related to ACT?

Know job-seekers hunting for jobs related to ACT?

We now have a "Job Postings" page on our ACT Center of Indiana website!

If your center is interested in placing a job opening on our website, we would be happy to do that for you to help you with your recruiting process! Please send the job description and contact information to Michelle Salyers at mpsalyer@iupui.edu. Positions will be posted for 30 days and can be renewed until filled. Remember: be sure to include contact information in the posting. (Jobs should be ACT related.)

If you or someone you know is searching for a job related to ACT or working in the field of mental health, be sure to check out our "Job Postings" page <http://psych.iupui.edu/ACTCenter/Jobs.htm>. There might just be a fit for you!

ACT Center of Indiana

Stay tuned for the following topics to be addressed in our July 2002 issue!*

◆ **More FAQ on ACT and Related Topics**

◆ **Team Start-up**

◆ **Updates from DMHA**

◆ **Day in the Life of an ACT Team Member**

◆ **Caseload Ownership & Teamwork**

◆ **Advisory Councils**

◆ **More Up Close & Personal featuring Members of the ACT Center Staff**

* **Subject to change**

The ACT Center of Indiana is a collaboration of the
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If you would like to be added to or taken off the ACT Center of Indiana quarterly newsletter mailing list, please contact Veronica Bannon, Administrative Coordinator, at vbannon@iupui.edu or (317) 274-6735.