Ingredients of Recovery Oriented ACT

From Vision to Action: Evidence Based Practice in Illinois

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Outline

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   - Recovery oriented services
3. Research Findings
   - Ways to assess recovery
   - Critical ingredients of recovery-oriented ACT
4. A Closer Look at 3 Practices
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5. Summary and Discussion

Is ACT Recovery Oriented?

What is Recovery?

- Traditional, Medical Model
  - "Cure," remission of symptoms
- Disability Movement/Social Recovery
  - Like other chronic conditions
  - Emphasis on functioning
- Current - Consumer Accounts/Personhood
  - Individually defined
  - Themes of Hope, Personal responsibility, Meaningful lives, Community integration
  - Universal process

What Are Recovery Oriented Services?

- Help people achieve recovery outcomes
  - Effective (evidence-based)
  - Holistic
- Consumer directed
  - Partnerships between providers, consumers, and their supporters
  - Consumers as informed decision-makers

Typical Criticisms of ACT:
Are They True?

- Paternalistic
- Coercive
- Overuse of legal sanctions
- Too much emphasis/reliance on meds
- Deficit model
- Survival focus, not growth oriented
- Non-empowering

Resolution?

- As a model evidence-based practice, ACT specifies the *organizational structure* of service delivery
- Other evidence-based practices specify the *clinical interventions*
- Integrate ACT with other identified evidence-based practices
- Focus on how consumers and providers work together to make treatment decisions

IP-RISP Pilot #1: Measuring the Recovery Orientation of ACT

Methods

- 4 ACT teams in Indiana
  - (DACTS fidelity >=4.0)
  - Extreme groups design
- 6 Days of site visits
- Multi-method assessment
  - Surveys (108 consumers, 38 staff)
  - Observer ratings
    - Treatment plan reviews, observations
  - Staff and consumer ratings
    - Treatment control mechanisms, reflective diaries
  - Interviews with staff (n=25) and consumers (n=23)

Critical Ingredients of Recovery-Oriented ACT

- Four ingredients identified from interview coding memos ("Recovery Oriented Profiles") and observations
  1. Team culture
  2. Team structure
  3. Environment
  4. Process of working with consumers
- Differentiated high from low recovery oriented teams

Critical Ingredient: Team Culture

- Trusts Consumers
  - Assume consumers can handle responsibilities (e.g., money, medications)
  - Staff view their role "not as parents"
- Positive Expectations for Consumers
  - Staff believe consumers can achieve their goals and graduate
- Strength-based/Respect Consumers
  - Celebrate consumer success, lack of judgment
- Team Cohesion & Respect for Each Other

Critical Ingredient: Team Structure

	High Recovery Oriented Team	Low Recovery Oriented Team
Peer specialist on team	Yes	No
Team leader endorsed recovery concepts	Yes	No
Clinical skills (motivational interviewing, educational techniques)	Yes	No
Other evidence-based practices integrated (IMR, SE, IDDT)	Yes	Some (SE & IDDT)

Critical Ingredient: Environment

- Visual cues endorsing recovery principles
  - Posters about recovery, including team mission

  Vs.
  - Separate bathrooms, signs with rules for consumers, locked door with window for medication delivery

Critical Ingredient: Process of Working with Consumers

- Who makes the decisions about treatment?
  - Consumers (consumer goals drive treatment) vs. Staff
- When does the team step in?
  - When consumer is at risk and/or after other attempts have been made vs. Right away
  - How is risk defined
- How does the team step in?
  - Process of discussions with consumer and team vs. With external controls

Study Summary

- ACT is effective at delivering structured intensive services
- An increasing challenge is maintaining fidelity to the ACT model while providing recovery oriented services
- Based on recent research, critical ingredients of recovery include certain elements of the team culture, structure, environment, and the process of working with consumers

A Closer Look:
Peer recovery specialists and IMR

Peer Recovery Specialists

- Consumers who are doing well in their own recovery
- Willing to use experiences to help others
- Research shows consumers are as effective as non-consumer case managers
- Some concerns around tokenism; meaningful roles
- Wanted to have a structured role for peers

Illness Management and Recovery

- A structured program that helps people
  - seek meaningful goals for themselves
  - acquire information and skills to develop more control over their psychiatric illness
  - make progress towards their own personal recovery
- SAMHSA Toolkit based on 40 randomized studies of illness management approaches

  (Psychoeducation, Behavioral tailoring for medication, Relapse prevention training, Coping skills training, Social skills training)

Elements of IMR

- Structured curriculum of 10 modules
- 5 to 10 months of weekly sessions
- individual or small groups
- Set/track personal goals
- Practice strategies and skills in sessions
- Home assignments
- Significant others
- INDIVIDUALLY TAILORED

Topics of Modules

1. Recovery Strategies
2. Practical Facts about Mental Illness
3. The Stress-Vulnerability Model
4. Building Social Support
5. Using Medication Effectively

Topics of Modules

6. Substance Abuse
7. Reducing Relapses
8. Coping with Stress
9. Coping with Problems and Symptoms
10. Getting Your Needs Met in the Mental Health System

Strategies Used in IMR

- Goal setting and monitoring progress
- Motivational strategies
- Educational strategies
- Cognitive-behavioral strategies
- Involving significant others

Peers doing IMR on ACT teams

- Specialist role
- Ideally 2 providers per team who are trained in IMR
- IMR part of job description/accountability
- Work up to 10-15 as a “caseload”
- Weekly supervision
- Protected time to prepare and do IMR

Studies of Peers Providing IMR on ACT teams

- Pilot Study
- Integrating IMR on 2 ACT teams
- VA MHICM project underway (just starting)

1. Pilot study of Peer Provided IMR

- Consumer peer specialist hired for this role on ACT
  - Part-time, but full team member
  - Primarily does IMR
  - Individual sessions
- Small sample, primarily qualitative

Salyers, M. P., Hicks, L. J., McGuire, A. B., Baumgardner, H., Ring, K., & Kim, H. (2009). A pilot to enhance the recovery orientation of Assertive Community Treatment through peer provided Illness Management and Recovery. American Journal of Psychiatric Rehabilitation, 12, 191-204.

Pilot methods

- 14 consumers had started IMR prior to April 2004
- Pre-post recovery and knowledge
- Qualitative interviews in April 2004
  - Consumers (14) and Staff (16)
  - Change as a result of IMR
  - Most helpful/least helpful
  - Impact of peer specialist

Pilot results

- Significant improvement in recovery scores (Recovery Assessment Scale)

  From 3.7 (0.5) to 4.1 (0.4), $t = 2.39$, $p < .05$

- Trend towards increased knowledge

  From 82.9% (12.8) correct to 89.5% (8.1), $t = 2.01$, $p=.07$

- Interviews were very positive about IMR experiences

Staff views

- Consumer benefits:
  - more confidence, trying new things
  - more involved in meaningful activity
  - managing their own illness better
- Staff benefits:
  - better understanding of consumer goals/needs
  - less "protective," more recovery focused
- **"In 15 years, this is the first new thing that's made a huge impact."**

Consumer views

- Feel more hopeful, confident
- Doing more meaningful activities
- Increased vocational activity

- **“She's gone through the same thing. I can relate to her better. If she can do it, why can't I do it?”**

2. IMR integration with ACT (NIDRR funded)

- Randomly selected 2 of 4 ACT teams to implement IMR
- Clinicians and Peer Providers
- 3 Year Project (Currently in Year 2)
- Fidelity (every 6 months)
- Outcomes
  - Community Integration
    - Hospitalization, Independent Living, Incarcerations, Employment, Substance Abuse
  - Subjective Indices
    - Hope, consumer and clinician ratings of illness management and goals

NIDRR Study Results

- Low penetration of IMR
- High fidelity after 12 months
- No difference in outcomes at the team level
- Clients who got IMR had fewer hospitalizations over time

Salyers, M. P., McGuire, A. B., Rollins, A. L., Bond, G. R., Mueser, K. T., & Macy, V. (in press). Integrating Assertive Community Treatment and Illness Management and Recovery for consumers with severe mental illness. Community Mental Health Journal.

Summary: Peer Provided IMR on ACT

- Peers can implement IMR to high fidelity
- 2 pre-post studies show improvements over time, but need controlled research
- Pilot agency now has 2 peers on every ACT team, ongoing peer/group supervision, quarterly retreats
- New Resource: http://www.rand.org/pubs/technical_reports/2008/RAND_TR584.pdf

A Closer Look:
Shared Decision Making

Shared Decision-Making

- Consumer and provider collaborate to decide on a care plan that best fits the consumer's health care needs and life values

Elements of Decision-Making*

- Desired role in decision-making
- Consumer goal/context
- Clinical context
- Alternatives
- Pros/cons
- Uncertainties
- Consumer understanding
- Role of significant others
- Consumer preferences

*Braddock et al in primary care, surgery

Challenges in services for severe mental illness

- Insight/level of awareness
- Capacity for decision-making
- Symptoms can interfere
- Provider beliefs/expectations
- Client preferences

Shared Decision-Making Tools

- Advanced Directives
- WRAP plans
- Common Ground (Deegan, Rapp, et al)
- Coaching for providers?
- Illness Management and Recovery?

A Closer Look:
Graduating from ACT

Do consumers graduate from ACT?

- Philosophy of ACT

  Time-unlimited services ≠ FOREVER

- Some research available shows consumers can successfully graduate from ACT
  - Step-down study – similar teams, differed on intensity of services
  - Depends upon the other services available
  - New York and North Carolina colleagues working on research to identify best practices in this area

IN Graduation Criteria

- Level of need (ANSA- functioning indicator) not met for ACT for 2 assessments in a row
- None of the ACT admission criteria were met for past 12 months
- Stage of change in *action* or *maintenance* for substance abuse and for psychiatric rehabilitation goals

Graduation Process

- If all 3 criteria met:
- Complete graduation planning form/transition plan
  - Consumer/family transition meeting
  - Consumer strengths, goals to be met, who involved
  - Set graduation date (within 6 months of most recent ANSA assessment)

Summary

- ACT is effective and can also be recovery oriented
- More research needed on strategies
- Some promising areas:
  - Peer recovery specialists/Illness Management and Recovery
  - Shared decision-making
  - Well-planned graduation
- Discussion/Questions

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