

ACT as a Platform for the Implementation of Additional EBPs

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April 21, 2010

Objectives

- Participants will be able to identify at least 2 reasons why adding additional EBPs onto ACT is necessary.
- Participants will be able to describe at least 3 components of the ACT model that support the implementation of additional EBPs.
- Participants will be able to identify and examine specific strategies to overcome barriers to implementing IDDT or other EBPs onto an existing ACT team.

Current EBPs

- Assertive Community Treatment (ACT)
- Integrated Dual Disorders Treatment (IDDT)
- Illness Management & Recovery (IMR)
- Supported Employment (SE)
- Family Psycho-education
- Medication Management

SAMHSA Toolkits Available at:

<http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/default.asp>

Why Enhance ACT with Other EBPs?

ACT as an Organizational Model

- As a model, ACT is effective at delivering structured intensive services to meet the multiple individualized needs of consumers
- The original model itself was not necessarily a “recovery model” or “recovery oriented”.
- High ACT fidelity does not necessarily equate to recovery-oriented outcomes

Why Enhance ACT with Other EBPs?

What Consumers Have Told Us:

- Feel more hopeful, confident, assertive
- Increased control over life
- Increased vocational & meaningful activities
- Stronger support system/friends & family
- Feeling safe to disclose setbacks (ie drug use)
- Willing to take risks/try new things
- Overcoming stigma (even self-stigma)

Why Enhance ACT with Other EBPs?

Overlapping Principles of EBPs

- Recovery-focused
- Meeting consumer where they are at
- Consumer-driven
- Hope & optimism
- Strengths-perspective
- Supporting self-efficacy/ self sufficiency

Why Enhance ACT with Other EBPs?

Overlapping Structure of EBPs

- EBPs have defined structure
- Integration of specialty roles
- Intensive services
- Assertive outreach
- Stage-wise approach
- Comprehensive team-based services
- Flexibility – service delivery methods
- Usually serving people with complex needs
- ACT is ideal for any model requiring integration of services

Why Enhance ACT with Other EBPs?

Overlapping Skills of EBPs

- Understanding Stages of Change
- Motivational Interviewing skills
- Cognitive Behavioral Therapy
- Behavioral Tailoring

Highlighting Two EBPs:

IDDT

IMR

Illness Management & Recovery (IMR)

Definition of Illness Management (Mueser et al., 2002)

Broad set of strategies to help consumers:

- Collaborate with professionals to manage mental illness
- Reduce effects of illness
- Reduce susceptibility to relapses
- Cope with symptoms
- Discover (or rediscover) strengths

Relationship of Illness Management to Recovery

- Regain mastery over one's life
- Move from hierarchical to collaborative relationships with treatment providers
- Learn how to direct one's treatment
- Spend less time on illness – More time pursuing personal goals

Four Key Components of IMR

1. Psychoeducation
2. Strategies to facilitate taking medication as prescribed
3. Relapse prevention
4. Teaching strategies for coping with symptoms

1. Psychoeducation

Research Findings

- Clearly better than discussion group
- Increases knowledge
- *Little or no impact on behavior:*
 - No effects on taking medication as prescribed
 - No effects on symptoms, social functioning, or rehospitalization

2. Medications

Rationale for Including Medication Use as Part of IMR

- *Not taking meds:* For many consumers, incompatible with recovery
- Reduced relapse rates compared to no medications (Shown in 200+ studies)
- Reduce positive symptoms
- About 70% of individuals with schizophrenia have improved symptom control on antipsychotics, compared to controls receiving placebo

Medications and Recovery

- Medications are clearly a mixed blessing:
 - critical to find best meds and best dose
- Without meds, the research evidence clearly shows illness management is often more difficult

Taking Medications as Prescribed

Three Behavioral/Motivational Strategies

- A. Behavioral tailoring
- B. Simplifying regimen
- C. Motivational interviewing/ CBT

A. Behavioral Tailoring

- Developing strategies for incorporating medication into daily routine
- *Example:* Place meds next to toothbrush as reminder

B. Simplifying Regimen

- *Definition:* Reducing number and frequency of medications
- *Rationale:* It is easier to get into a routine that is simple than one that is complex
- May be especially important if consumer has cognitive impairments

C. Motivational Interviewing

- MI is a set of strategies:
 - Supportive, not argumentative
 - Timing plays a crucial role
 - Emphasis is on the reasons to change, rather than on how to change

Controlled Studies of Taking Medications as Prescribed

- Behavioral Tailoring – 4/4 Effective
- Simplifying Regimen – 1/1 Effective
- Motivational Interviewing/ CBT – 2/2 Effective

3. Relapse Prevention:

Components

- Psychoeducation
- Identify environmental triggers
- Identify warning signs
- Develop coping strategies
- Continuously monitor for warning signs
- Rapid intervention when indicated
- Stress management training
- Involve relatives in program

Relapse Prevention: Research Evidence

- 5/5 controlled studies showed decreases in relapses and rehospitalization
- 3 of studies also found improvements in social functioning and other outcomes

4. Teaching Coping Skills

- Use of cognitive-behavioral strategies
- Assessment of coping
- In-session and out-of-session practice
- Target positive, negative, and affective symptoms and other sources of stress

Research on Teaching Coping Skills

- 4 controlled studies
- All studies show decreases in symptom severity
- Some studies also indicate less distress and lower rates of rehospitalization

IMR Research: Summary

- Psychoeducation improves knowledge, but not other outcomes
- Behavioral tailoring increases taking medication as prescribed
- Relapse prevention training reduces relapses and rehospitalizations
- Teaching coping reduces symptoms and distress

Selection of Participants for IMR

- Can be offered to anyone who experiences psychiatric symptoms
- Educational handouts available for schizophrenia, bipolar disorder, and major depression
- May be preferable to wait if someone is currently under extreme stress

IMR Content Areas

- Recovery strategies
- Facts about mental illness
- Facts about substance use
- Stress-vulnerability model and strategies for treatment
- Building social support
- Using medications effectively
- Reducing relapses
- Coping with stress
- Coping with symptoms and other problems
- Getting your needs met in the mental health system

IMR Format

- **Consider hiring peer specialists to be the “IMR specialists”**
- Manualized, but tailored to needs of client
- CBT and motivational enhancement clinical techniques
- Weekly sessions
- About an hour but can be broken down for shorter/more frequent sessions
- Individual, group, or both
- Usually lasts at least 3 – 6 months

Integrated Dual Disorders Treatment (IDDT)

Why focus on dual disorders?

- Common occurrence
 - Over 50% - schizophrenia, bipolar disorder and other severe mood disorders
 - About one third - anxiety and depressive disorders
- Worse outcomes
- Remission/recovery is possible

Why integrated treatment?

- More effective than separate treatment
- 10 studies show integrated treatment is more effective than traditional separate treatment
- Reviews:

Drake et al, Schiz Bull 1998; Drake et al, Psych Services 2001

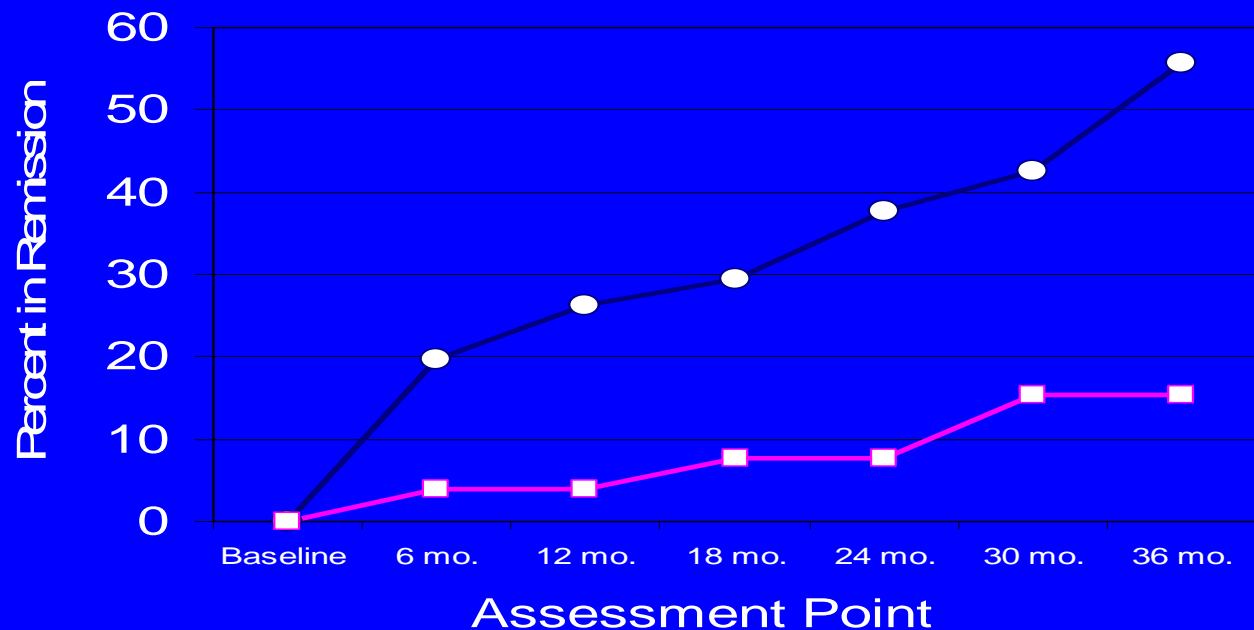
Integrated dual disorders treatment: What is it?

- Treatment of substance use disorder and mental illness together
 - Same team
 - Same location
 - Same time

Fidelity improves abstinence

McHugo et al, 1999

Figure 1. Percent of Participants in Stable Remission for High-Fidelity ACT Programs (E; n=61) vs. Low-Fidelity ACT Programs (G; n=26).

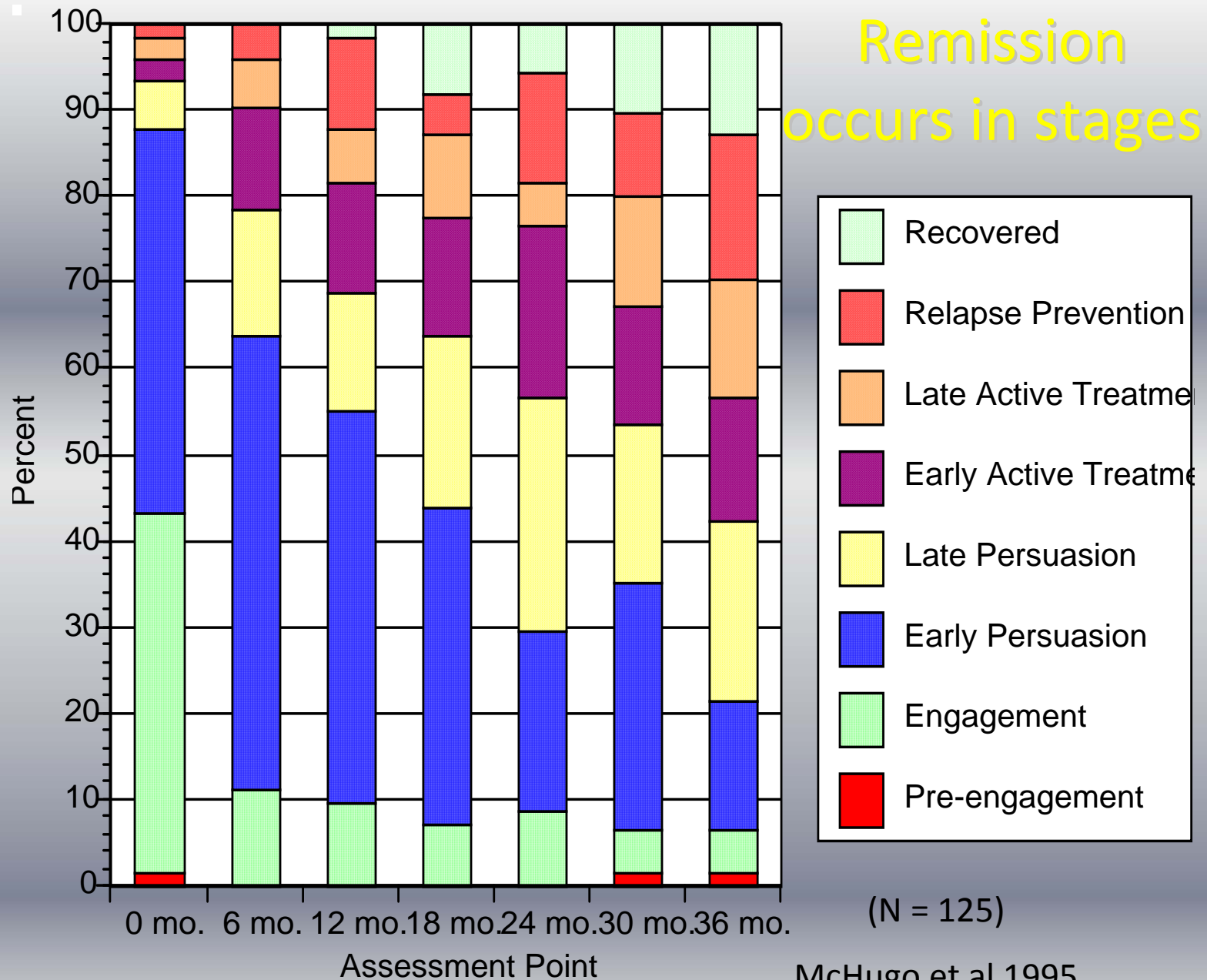


BUT ...How do people obtain remission from dual disorders?

- Stable housing
- Sober support network/family
- Regular meaningful activity
- Trusting clinical relationship

Alverson et al, Com MHJ, 2000

Remission occurs in stages



Critical Components of IDDT

- Integration of mental health and substance abuse treatment
- Stage-wise interventions
- Assertive outreach
- Motivational counseling
- Substance abuse counseling

Other Important Components

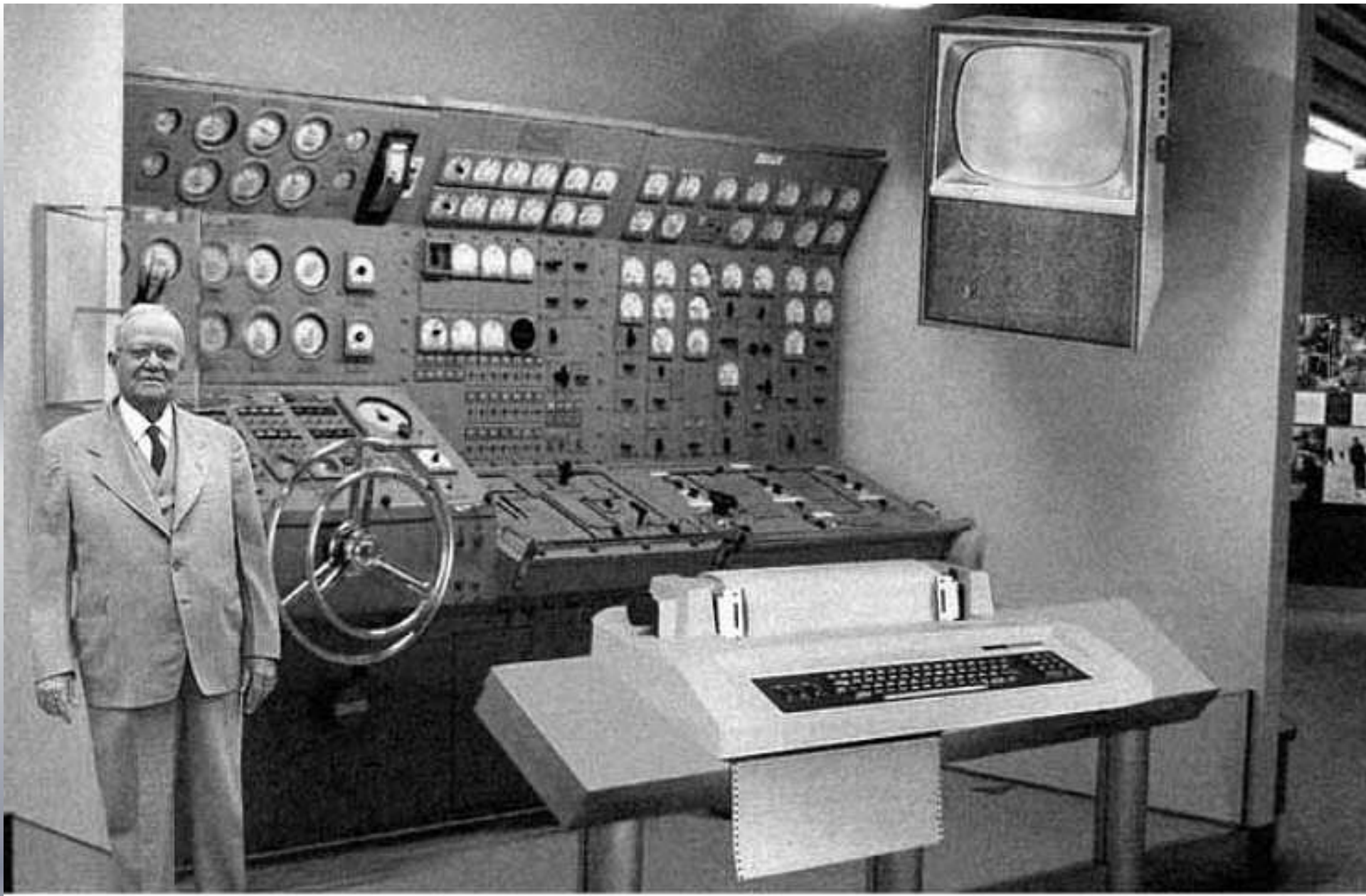
- Access to comprehensive services (e.g., employment, psychiatry, etc.)
- Social and family support interventions
- Long term perspective
- Proper use of psychopharmacology

Other EBPs Fit with ACT: Revisited

- Overlapping components
 - Integration of specialty roles
 - Assertive outreach
 - Stagewise approach
 - Comprehensive, team-based services
- ACT ideal for any model requiring integration of services

So How Do We Do It?

Turning EBP Implementation into
a Reality



Scientists from the RAND Corporation have created this model to illustrate how a "home computer" could look like in the year 2004. However the needed technology will not be economically feasible for the average home. Also the scientists readily admit that the computer will require not yet invented technology to actually work, but 50 years from now scientific progress is expected to solve these problems. With teletype interface and the Fortran language, the computer will be easy to use.

Two Levels of Implementing Using The Stages of Change:

Self &
Team or Center



MAINTENANCE

"We are maintaining fidelity."
"We are getting great results!"
"Consumer and family satisfaction is higher than in past years."
"The board is happy with the outcomes."
"We are learning and changing."

PRE-CONTEMPLATION

"Don't rock the boat."
"We already have quality services!"
"We don't have the time for this."
"We already have good outcomes."
"Old-dogs-New Tricks."

"We are using new skills."
"I am trying something different."
"Clients say they like it."
"We are working through challenges."
"Change is hard but we're hanging in there."

ACTION

PREPARATION

"We are looking into this."
"We have developed a plan."
"We have a training schedule."
"We have the curriculum."
"We have it in our budget now."
"I see the benefits of implementing."

"There might be some benefits."
"It might be worth a try."
"I'd be interested in hearing about it."
"We are thinking of starting some new programs."

CONTEMPLATION

RELAPSE

"Our champions and cheerleaders are gone."
"Funding is gone so is the program."
"Our priorities have changed."

STAGES OF CHANGE FOR IMPLEMENTING EBPs

If you are in Precontemplation:

- Review this information
- Think about it
- Seek more information
- Talk to someone who is doing it
- Increase the list of Pros



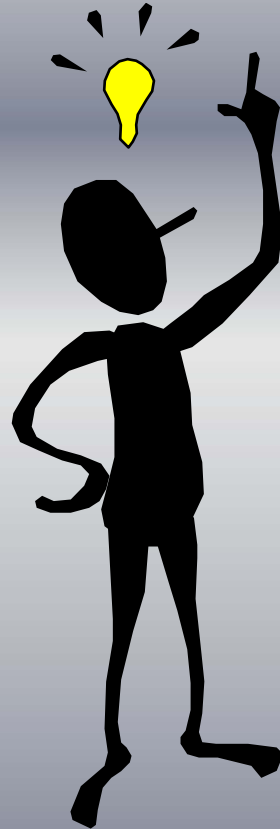
If you are in Contemplation:

- Decrease the Cons
- What would it mean for my personal & professional identity?
- How would it affect my Center?
- Take small steps: realistic, concrete, & measurable; reward yourself



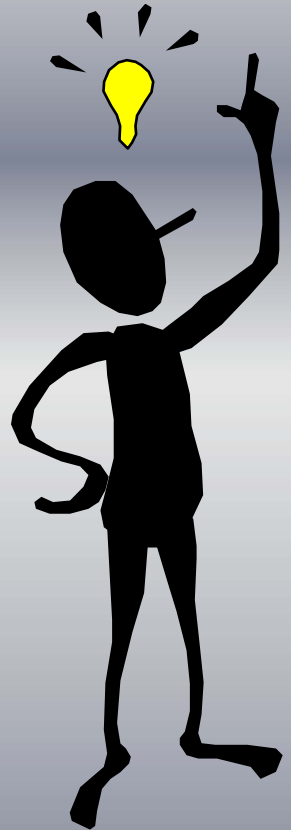
If you are in Preparation:

- Identify & challenge personal beliefs that get in the way
- Keep taking small steps
- Find other champions
- Complete an assessment of your center



If you are in Preparation:

- Write out an action plan
 - Set clearly defined goals for what it will look like.
 - (How will you know that you are doing it well?)
 - Identify Strengths & Barriers
 - Breakdown Goals into Objectives to address Barriers and Build on Strengths
 - Define Stagewise Interventions



If you are in Preparation:

- Define Helpful Structures
 - Train the Trainer Model
 - Rewards
 - Chart monitoring
 - Supervisors are the Key
 - Field Mentoring



The Effects of Training and Coaching on Teacher's Implementation in the Classroom (A Meta-analysis)

Training Components	OUTCOMES		
	Demonstrates Knowledge (in training)	Demonstrates Skill (in training)	Utilizes in the Classroom
Theory & Discussion	10%	5%	0%
Demonstration In Training	30%	20%	0%
Practice & Feedback in Training	60%	60%	5%
Coaching in Classroom	95%	95%	95%

If you are in Action:



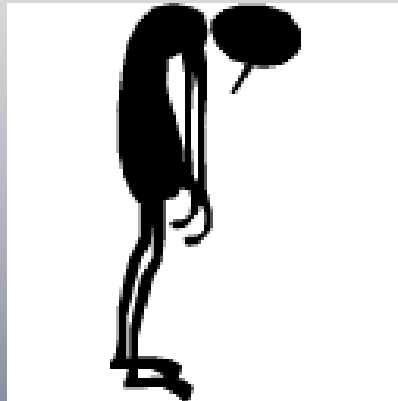
- Bring plan to the Center/Team
 - Now that you are in the action stage, be aware that your team or your center may not be

Staging Your Center/Team

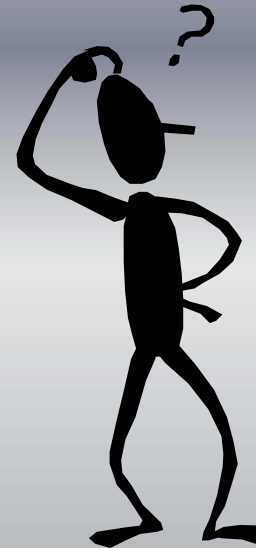
Action



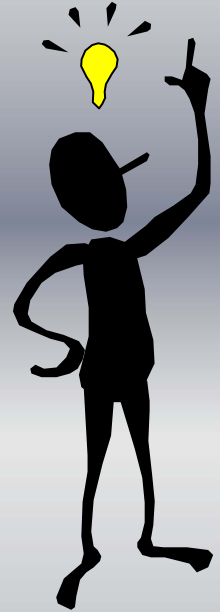
Early Adopters



PC 40%



C 40%



P 20%

The Rest of
Center

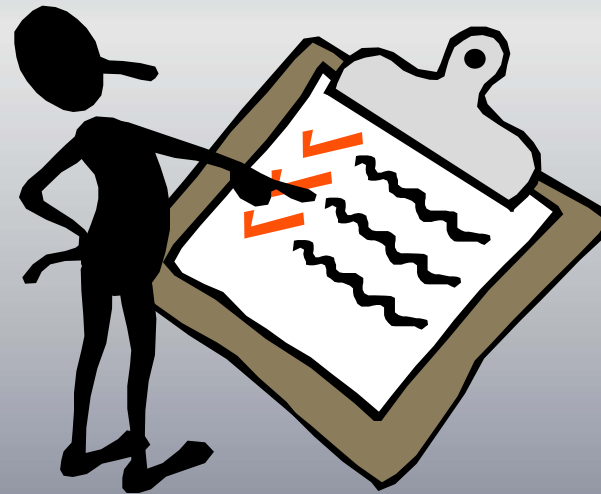
Action Continued:

- Bring plan to the Center/Team
 - Address each person in a stage-wise fashion
 - Be mindful of the weight of the pros versus the cons



Action

- ✦ Assess and Monitor Effectiveness and Efficiency
- ✦ Refine and follow your implementation plan



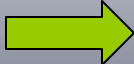
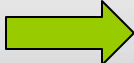

Common Barriers to EBP Implementation

Remember stages of change
framework during this discussion

Common Barriers

- Agency Mission/Vision
- Funding
- Staffing
- Implementation Issues

Agency Mission/Vision: *Strategies*

- Lack of recovery focus 
 - *Invest in recovery-focused practice & training*
 - *Model your expectations*
 - *Change language on clinical forms*
- Comfort with “Status Quo” 
 - *Hire peer specialists*
 - *Strategic Planning*
 - *Risk-taking, future thinking*
 - *Stagewise approach w/ staff*
- Lack of stakeholder involvement 
 - *Diverse board of directors*
 - *Community Partnership & education*
 - *Advisory board w/consumer & family representation*

Funding:

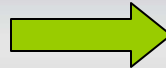
Strategies

- Relying on traditional funding



- *Proactively seek out other revenue sources*

- Lack of start up funds



- *Utilize state or national technical assistance*
- *Partner with other agencies in training*

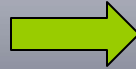
- Costs associated with staff training & program development



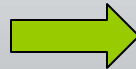
- *Utilize SAMHSA toolkits & other low-cost resources*
- *Utilize a “train the trainer” approach*

Staffing:

- Assumption that more staff is needed




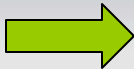

- Staff perceptions:
 - lack of time
 - Already have good skills
 - Threats to role definition




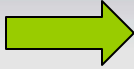

Strategies

- *Enhance existing staffs' skill sets through cross training*
- *Everyone is trained in MI, SOC, CBT*
- *Supervision through field mentoring is key*
- *Articulating specialty roles*
- *Opportunity to get "unstuck"*
- *New approaches are energizing*
- *Greater effectiveness= greater efficiency*
- *Strengthened team approach: Transdisciplinary*

Implementation : *Strategies*

- Lack of resources 
 - *Consensus building up front (agency & team-level)*
 - *Team-level strategic planning*
- Planning & Timeline challenges 
 - *Realistic timeframes for achievement*
- Partial EBP Implementation/ poor fidelity 
 - *Utilize elements you can while “waiting for full implementation*
 - *Utilize fidelity & survey tools to measure progress & success*

Implementation : *Strategies*

- Risk of EBP Overload 
 - *Train on core skills first- MI, SOC, CBT*
 - *Implement one EBP at a time on your team*
- 
 - *Create an implementation plan **AND follow it***
 - *Make sure you are “doing” ACT first (don’t build the house if you don’t have the foundation first)*
- 
 - *Solicit input from your staff*
 - *Involve staff in decision-making & problem-solving*

Contact Information

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