

Survivors Community Alternatives Case Management and Outreach Program

Assertive Community Care **Based on some philosophy and** **some principles of Assertive** **Community Treatment (ACT)**

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Outreach & Engagement

- Two-Tiered
 - A. On-going and persistent
 - B. Development of constellation of support for target population
- Client Engagement
 - A. Ongoing Assessment
 - B. Demonstrative of program services
 - C. Preparation for linkage to other services
- Linkage to ongoing services

Overview of ACT

- An evidence-based practice for adults with severe and persistent mental illness
- A team-based approach to providing treatment, rehabilitation, and support within the community
- Focus is on working collaboratively with consumers to address their full range of needs

ACT has been widely studied

- Most widely researched psychosocial treatment
- Over 50 published empirical studies
- All indicate some degree of improved community functioning for ACT clients

What the data say across studies

- ACT's most robust outcomes:
 - ✓ Decreased hospital use
 - ✓ More independent living & housing stability
 - ✓ Retention in treatment
 - ✓ Consumer and family satisfaction
- Moderate outcomes:
 - ✓ Reduced psychiatric symptoms
 - ✓ Improved quality of life

ACT Service Principles

(Morse & McKasson, 2005)

- Shared caseload
- Specific admission criteria: targeted clients
- Transdisciplinary team
- Primary provider of services
- Comprehensive care
- Intensive services
- Services provided in-vivo
- Individualized services
- Assertiveness & flexibility
- Open-ended service
- Person-centered
- Family Focused
- Recovery-oriented

Modified for Torture Survivors

- Team composed of persons with cultural and language skills
- 1:30 staff to client ratio
- Clients usually diagnosed with PTSD not severe and persistent mental illness and few with substance abuse disorders
- Individual team members' skills emphasized to maximize services
- Assigned caseload, but share support
- 6-12 month service delivery
- Develop skills as cultural brokers

Modified ACT Principles and Case Examples

- Transdisciplinary team
- Case Example Highlights
 - Mr. A. is a 38 years old Afghani male.
 - Was tortured, witnessed torture
 - Diagnosed with PTSD, MDD, Alcohol Dependence.
 - Homeless
 - Severe medical problems
 - No health insurance
 - Unemployed
 - Needs comprehensive care

Principles and Case Examples continued

- Services provided in-vivo
 - Case example highlights
 - Ms. B. 27 years old single East African mother.
 - 8 months pregnant
 - Has 4 children and no support
 - Depressed, overwhelmed
 - Language barrier
 - Needs parenting approach skills

Principles and Case Examples continued

- Primary provider of services
 - Case example highlights
 - Mr. C. is a 55 years old Liberian male
 - Diagnosed with glaucoma, vision loss
 - Unemployed and no source of income
 - Lack of formal education
 - Language barrier
 - Needs vision rehabilitation and education

Principles and Case Examples continued

- Work with Families and Natural support
Case example highlights
 - Ms. D. is a 67 years old Afghani female
 - Has PTSD, MDD with Psychosis, Dementia and other medical problems
 - No formal education
 - Language barrier
 - Needs family support

Principles and Case Examples continued

- Consumer centered

Case example highlights

- Ms. S. is a 39 years old asylum seeker from West Africa
- Was a leader in her community
- Severely tortured and traumatized
- Diagnosed with PTSD, HIV. 3 of her right hand fingers amputated to remove Cancer tumor
- Very isolated and fearful of others
- No medical insurance, unemployed, no source of income
- Services focused on goals, dreams, strength

Comprehensive Assessments: Process Considerations

- Assessment starts at first contact
- Prioritize immediate needs
- Focus on consumer identified needs
- Assess in vivo
- Assess while you're providing services
- Be comfortable but sensitive to consumer reactions
- Consider cultural influences
- Team members should look across specialty areas
- Assessment is ongoing and open to change

INDIVIDUAL TREATMENT and REHABILITATION PLAN

- Please, refer to e-mailed copy of Individual Treatment Plan for an example.

Discharge Plan

- Agreed time by client and staff
- Clear and specific follow-up
- Allow brief contact after discharge for support and continuity
- Re-engage or re-admit for critical care or to address new problems and needs

Community Alternatives DISCHARGE SUMMARY

- Please, see e-mailed copy of Discharge Summary for an example.

THE END!

