



# ACT

## Advanced Elements III: Service Areas of Assertive Community Treatment

# SERVICE AREAS OF ASSERTIVE COMMUNITY TREATMENT

- This presentation will discuss the range of service areas that team members provide to comprehensively meet the needs of ACT consumers, including:
  - Medication support,
  - Psychosocial treatment,
  - Community living skills,
  - Health promotion,
  - Family involvement,
  - Housing assistance, and
  - Employment.

# SERVICE AREAS OF ASSERTIVE COMMUNITY TREATMENT

- ACT services include treatment, habilitation, and support.
- Services that you provide in these areas are not discrete, disconnected services, but rather are a part of the larger, coordinated intervention of the team.

# TREATMENT, HABILITATION, AND SUPPORT: AN OVERVIEW

- Providing services is not simply doing things for consumers.
- Rather, the ACT team works closely with consumers to teach them how to develop and carry out strategies to reduce the negative effects of their mental illness and associated impairments in cognitive and social functioning.

# TREATMENT, HABILITATION, AND SUPPORT: AN OVERVIEW

- Services provided by ACT teams target problems and address objectives in multiple areas of consumers' lives (see Table 8 on the next slide).

# TREATMENT, HABILITATION, AND SUPPORT: AN OVERVIEW

**Table 8: ACT Service Components**

<b>Medication support</b>	<b>Psychosocial treatment</b>	<b>Community living skills</b>
<ul style="list-style-type: none"> <li>■ Educate about medications</li> <li>■ Order medications from pharmacy</li> <li>■ Deliver medications to consumers</li> <li>■ Organize medications</li> <li>■ Monitor adherence and side effects</li> <li>■ Monitor use of medications</li> </ul>	<ul style="list-style-type: none"> <li>■ Take a problem-oriented approach to counseling/psychotherapy</li> <li>■ Manage illness</li> <li>■ Maintain crisis intervention — Be available 24/7</li> <li>■ Treat co-occurring disorders</li> <li>■ Coordinate care (e.g., hospital with community)</li> </ul>	<ul style="list-style-type: none"> <li>■ Practice good hygiene</li> <li>■ Follow proper nutrition</li> <li>■ Buy and care for clothing</li> <li>■ Use transportation</li> <li>■ Keep house</li> <li>■ Manage money</li> <li>■ Enjoy social relationships and leisure activities</li> </ul>
<b>Health promotion</b>	<b>Family involvement</b>	<b>Housing assistance</b>
<ul style="list-style-type: none"> <li>■ Conduct preventive health education</li> <li>■ Ensure medical screening</li> <li>■ Schedule health maintenance visits</li> <li>■ Act as liaison for acute medical care</li> <li>■ Assess need for reproductive counseling</li> </ul>	<ul style="list-style-type: none"> <li>■ Manage crises</li> <li>■ Provide family psychoeducation</li> <li>■ Actively engage family members in consumers' recovery</li> </ul>	<ul style="list-style-type: none"> <li>■ Find suitable shelter</li> <li>■ Support housing once established</li> <li>■ Develop relationship with landlord</li> </ul>
<b>Employment</b>		
<ul style="list-style-type: none"> <li>■ Provide support in finding work</li> <li>■ Act as liaison with employers and educate employers</li> <li>■ Serve as job coach</li> <li>■ Support employment</li> </ul>		

## MEDICATION SUPPORT

- Medications are one of the important tools that consumers use to reduce or eliminate the symptoms of mental illness that make it difficult for them to handle everyday activities or engage in major life roles.
- Medications may also help prolong the period between episodes of illness.

## MEDICATION SUPPORT

- Not all people who are diagnosed with a psychiatric disorder benefit to the same extent from medications.
- Some will decide they do not want to take them.



## MEDICATION SUPPORT

- If consumers decide not to take medications, your team should continue to work with them in other areas.
- If consumers are considering discontinuing medications, it may be helpful to talk to them about what happened previously when they stopped taking medications.

## MEDICATION SUPPORT

- Help them plan ahead of time what they would like to have happen if their symptoms worsen.
- If consumers' symptoms are exacerbated when not taking medications, team members can work with them to assess the relationship between not taking medications and experiencing acute psychiatric symptoms.

## MEDICATION SUPPORT

- You should also weigh the relative costs of taking medications instead of experiencing symptoms.

## MEDICATION SUPPORT

### **Educate consumers and families about medications.**

- Educate consumers and families about how medications work and their roles in treating symptoms.
- Remember that education occurs over time in both verbal and written forms and in language geared to consumers and families.

## MEDICATION SUPPORT

### **Monitor medical compliance and side effects.**

- Some consumers may not wish to take medications because of their side effects.
- Team members should carefully monitor medication adherence and side effects and facilitate communication between consumers and the team psychiatrist so that medications can be adjusted quickly when needed.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

- Counseling/psychotherapy in ACT follows a problem-oriented and supportive approach, integrated into the continuous work of all team members who contact consumers.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

- Consumers' goals as laid out in the treatment plan are the focus and, thus, are an integral part of the treatment, habilitation, and support that the team provides.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Manage Illness**

- Teaching illness management and recovery skills is a method of systematically helping consumers recognize the symptoms of mental illness that they experience and using strategies that they choose and rehearse to minimize the effects of those symptoms.



# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Manage Illness**

- It also includes teaching consumers to recognize factors that trigger episodes of symptoms and to develop and practice specific steps to prevent these episodes.
- Problem-solving, goal-setting, and stress management skills are integral parts of illness management.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Manage Illness**

- We recommend formal training with the Illness Management and Recovery KIT for one or more team members.

[http://mentalhealth.samhsa.gov/cmhs/  
CommunitySupport/toolkits/community/default.aspx](http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/default.aspx)

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Crisis Intervention: Be available 24/7**

- ACT teams can respond in various ways to acute situation and may be able to prevent the need for consumers to be hospitalized.
- When consumers have acute needs, your team must quickly assess the situation and devise a short-term treatment plan.

PSYCHOSOCIAL TREATMENT:  
A PROBLEM-ORIENTED APPROACH TO  
COUNSELING/PSYCHOTHERAPY

**Integrated treatment for co-occurring disorders**

- Instead of sending consumers with co-occurring substance abuse problems to a separate program for substance abuse treatment, the ACT team delivers both individual and group interventions targeting substance abuse.

PSYCHOSOCIAL TREATMENT:  
A PROBLEM-ORIENTED APPROACH TO  
COUNSELING/PSYCHOTHERAPY

**Integrated treatment for co-occurring disorders**

- When a consumer is suspected or known to have a substance abuse or dependency disorder, assign one of your team's substance abuse specialists to work with that person.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Integrated treatment for co-occurring disorders**

- Although the substance abuse specialist has primary responsibility for assessing the consumer's substance use disorder and planning treatment, the substance abuse specialist will collaborate extensively with other team members in carrying out these interventions.

PSYCHOSOCIAL TREATMENT:  
A PROBLEM-ORIENTED APPROACH TO  
COUNSELING/PSYCHOTHERAPY

**Integrated treatment for co-occurring disorders**

- We recommend formal training with the integrated Treatment for Co-Occurring Disorders KIT for one or more team members.

[http://mentalhealth.samhsa.gov/cmhs/  
CommunitySupport/toolkits/community/default.aspx](http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/default.aspx)

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Acute psychiatric hospitalization**

- When consumers are admitted to an inpatient setting, your ACT team is still responsible for care.
- This means that you must make certain that the inpatient staff have critical information for treatment needs.



# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Acute psychiatric hospitalization**

- When consumers are admitted to an inpatient setting, your team's role is to make the transition from outpatient to inpatient status, and back again, as smooth as possible and to facilitate collaboration between the teams and the inpatient staff.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Admitting consumers to a unit**

- At times, consumers will seek emergency admissions on their own or they may be taken to the hospital by family, emergency personnel, or the police.
- In most cases, your ACT team will usually initiate inpatient admissions.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Admitting consumers to a unit**

- When your team is involved in the admission process, you can provide emotional support to consumers.
- You can share information with the inpatient staff to help them understand consumers' history and current status and to create a smoother transition between outpatient and inpatient care.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Someone on the team who has worked closely with the consumer should visit the consumer at least once a day (assuming geography permits) to:
  - Assess the consumers' status and progress
  - Make recommendations to the inpatient staff,
  - Provide support and advocacy for the consumer

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Your team should stay actively involved with consumers who are hospitalized.
- When your teams works with hospitalized consumers and inpatient staff, follow these practical rules of conduct:
  - After seeing the consumer, communicate any noteworthy information to the inpatient staff (e.g., whether the consumer seems to be in distress, is losing control or needs monitoring and support).

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Respectfully suggest changes that the inpatient staff can make in their approach with the consumer (e.g., avoid giving detailed information and direction to a consumer who processes information poorly).

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Monitor medication side effects with the consumer. You may also present your observations to the team's psychiatrist so that person can use these observations while conferring with the inpatient psychiatrist.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- The team psychiatrist should regularly (i.e., once or twice a week) confer with the inpatient psychiatrist to relay his or her and other team members' observation and recommendations.



# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Most inpatient units organize their collective observations and formulate treatment plans for consumers in staffing meetings.
- Usually, they hold an initial staff meeting within the first few days of admission, with others scheduled as needed or at regular intervals.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Consumers often attend part of the meeting. Your team staff should respectfully but assertively ask to be involved in the meetings, starting with the first one soon after admission. Inpatient staff are usually quite receptive to this involvement and will learn to plan and rely on it.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- Most consumers will usually remain continuously on the inpatient unit over the first 1 to 2 days after they are admitted to allow staff to access and treat presenting symptoms.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Key tasks during hospitalization**

- After that, it is useful for most consumers (unless they are suicidal or very easily distressed) to continue to be involved with their life and treatment in the community, even on a daily basis.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Planning for discharge and return to the community**

- Some consumers will be hospitalized for only a short time and will need very little change in the treatment plan that guides your ACT teams' interventions in anticipation of discharge.
- In other cases, however, markedly different interventions may be needed at discharge.

# PSYCHOSOCIAL TREATMENT: A PROBLEM-ORIENTED APPROACH TO COUNSELING/PSYCHOTHERAPY

## **Long-term hospitalization**

- SAMHSA recommends the ACT team remain involved with the consumer through hospitalization

# COMMUNITY LIVING SKILLS

- Practicing good hygiene, maintain proper nutrition, buying and caring for clothing, and using transportation are community skills that you must approach with the same sensitivity as other foci on skills development or redevelopment

# COMMUNITY LIVING SKILLS

- When consumers request a change in any of these areas, take a direct approach to work on them.
- When such goals are clearly incorporated in the treatment plan and agreed to by the consumer, you have a basis to address them.



# COMMUNITY LIVING SKILLS

- Other consumers may be unaware of problems in any of these areas and may not want to change.
- Limited performance may be related to stigma about mental illness or personal issues.

# COMMUNITY LIVING SKILLS

- You may have to tie work on community living skills into related goals expressed by the consumer.
- For example, a consumer who is interested in working may understand that good hygiene and reasonable attire are necessary to obtain and keep a job.

# COMMUNITY LIVING SKILLS

- A consumer who is interested in a specific social activity may accept that good nutrition is necessary to have the energy to engage in activities.
- A consumer who is interested in living independently may realize that housekeeping is necessary to keep an apartment.
- Team members can help with related activities (such as shopping for groceries or clothes), encouragement, and reminders.

# COMMUNITY LIVING SKILLS

## **Housekeeping**

- You must respect consumers' housekeeping style and preferences-just imagine your team members coming into your home and imposing their standards and methods on you.
- Some minimal level of housekeeping is necessary to ensure basic hygiene, such as putting away food, washing dishes, taking the trash out, etc.

# COMMUNITY LIVING SKILLS

## Housekeeping

- There is also the practical aspect of organizing things to make them easier to find.
- Housekeeping rituals can help bring out a sense of structure to a consumer's day and a degree of order to the environment.

# COMMUNITY LIVING SKILLS

## **Money management**

- Some consumers will manage their own money but may need assistance from the team in other ways.
- Some ACT teams have the capacity to directly handle consumer funds to promptly pay bills and distribute amounts determined by each consumer's budget.

# COMMUNITY LIVING SKILLS

## **Money management**

- The purpose of this system is to help consumers manage money and to give them frequent access to cash when budgeting or financial management is a problem.

# COMMUNITY LIVING SKILLS

## **Interpersonal relationships and social activities**

- The onset of mental illness can interfere with social development.
- It may impede consumers' ability to form relationships, get and give emotional support, and relate as adults with families, employers, and landlords.



# COMMUNITY LIVING SKILLS

## **Services to restore interpersonal relationships**

- Services to help consumers restore interpersonal relationships include:
  - Assessing consumers' social and interpersonal functioning, social development, culture, social skills, and interests;
  - Developing individualized plans with rehabilitation interventions to establish, re-establish, and maintain relationships and increase social skills and comfort in social situations;
  - Receiving individualized services in normal social settings (e.g., a neighborhood coffee shop, the break room at work) in the community in which consumers normally interact with people;

# COMMUNITY LIVING SKILLS

## **Services to restore interpersonal relationships**

- Services to help consumers restore interpersonal relationships include:
  - Identifying and overcoming stressors, behaviors, and environmental issues which affect and diminish the quality of interpersonal relationships;
  - Reducing the stress of unstructured time-evening, weekends, and holidays- and fostering normal social routines; and
  - Planning, participating in, and handling holidays, family, and other social obligations with less stress and greater competence.

# COMMUNITY LIVING SKILLS

## **Service features: *Identifying consumer goals***

- The team's activities to enhance consumers' social and interpersonal relationships and enjoyment are individualized to the needs and goals of each consumer.
  - For example, before a holiday, the team reviews plans with consumers and helps them work out how they will spend that day. If they usually spend the holiday with family, the plan may include helping them call the family to make arrangements.

# COMMUNITY LIVING SKILLS

## **Restoring social relationships**

- The team and the consumer evaluate the relationships in consumers' lives that have been affected or disrupted by mental illness.
- Together they develop and implement strategies to reconcile or renegotiate these relationships.
- The stigma of mental illness and lack of help from traditional service providers in this areas, often prevents consumers from directly dealing with disruptions in interpersonal relationships

# COMMUNITY LIVING SKILLS

## **Restoring social relationships**

- Through problem-solving, role-playing, and modeling, consumers make goals and plan to reconcile or renegotiate relationships.
- Intervention may also include team members working with consumers and friends or family members in an intermediary role, or supporting consumers in meeting with the individual to either get closure or re-establish the relationship on mutual terms.

# COMMUNITY LIVING SKILLS

## **Restoring balance in relationships**

- To help consumers make their relationships more balanced, the team directly helps consumers move from the receiving position in relationships to that of an equal participant (e.g. ' giving and taking).

# COMMUNITY LIVING SKILLS

## **Restoring balance in relationships**

- This is accomplished through cognitive-behavioral approaches, including assertiveness training and all one-to-one rehabilitation service provided by team members, such as:
  - Redirecting a question to the consumer that the landlord directed to the team member,
  - Drawing the consumer into a social conversation,
  - Practicing before an interaction with an employer how the consumer prefers to respond to anticipated feedback, and
  - Helping a consumer to shop for a present to have something to take to a parent's birthday party.

# COMMUNITY LIVING SKILLS

## **Promote health**

- All consumers need access to high-quality preventive and health maintenance care.
- Some consumers who receive ACT services have serious health concerns.
- One of the challenges for the team, especially when consumers experience acute psychiatric symptoms, is to keep a pulse on consumers' medical condition, and their response to treatment for those conditions.



# PROMOTE HEALTH

## **Provide preventive health education**

- Good basic health practices - daily hygiene, adequate food, proper rest - can make it easier for people to deal with stressors.
- The problem is that psychiatric symptoms and associated impairments directly create challenges to good basic health practices.

# PROMOTE HEALTH

## **Arrange medical screening**

- Screening for medical concerns begins during the initial intake.
- The team makes certain that any health needs that have been identified are followed up, such as:
  - Eye exams and opticians, if needed;
  - Periodic testing for HIV, which is essential for people with risk factors;
  - Mammograms for women according to age guidelines.

# PROMOTE HEALTH

## **Arrange medical screening**

- This task might involve helping consumers schedule appointments with their medical provider, providing transportation, and even helping consumers practice explaining their health concern to medical providers.

# PROMOTE HEALTH

## **Schedule health maintenance visits**

- Identifying a regular primary care provider is often first; ensuring regular follow-up comes next.
- Dental needs are often neglected and require attention.

# PROMOTE HEALTH

## **Serve as a liaison for acute medical care**

- Acute medical care refers to emergency or inpatient medical treatment
- Consumers may be anxious about a medical crisis or about being in a medical environment.
- ACT team members may offer additional support.

# PROMOTE HEALTH

## **Serve as a liaison for acute medical care**

- Similar to the support offered during a psychiatric hospital admission, the team should:
  - Provide interpersonal sound,
  - Ensure financial coverage,
  - Facilitate admissions,
  - Communicate with medical providers,
  - Ensure that consumers understand and communicate their choices, and,
  - Facilitate discharge after care.

# PROMOTE HEALTH

## **Provide reproductive counseling**

- Consumers vary in what they know about safe sex practices and birth control.
- It is important to assess whether or not consumers say they are sexually active.
- Team nurses, or other well informed staff, should counsel consumers on the approaches to birth control.

## INVOLVE FAMILIES

At the point of admission, ACT team members should ask consumers for permission to involve family or other supporters in their treatment.

- Relationships between families and consumers may have been damaged during the course of the illness.
- The family may hesitate to become involved.
- In some cases, the team, with the consumer's consent, tries to contact family members to obtain and give information.



# INVOLVE FAMILIES

Initiating the collaboration process involves:

- Meeting with consumers and family members to learn about consumers' developmental and illness history, current symptoms, functional status, and the consumer-family relationship (e.g., typical ways of coping and helping consumers, relationship stresses, conflicts, family strengths);
- Presenting basic information about the ACT model and developing an initial plan that specifies what the team, consumer, and family member will do; and
- Scheduling subsequent meeting and phone calls to exchange information and ideas.

# INVOLVE FAMILIES

- Family meeting can occur at consumers' homes, the family home, or the ACT office.
- Family meetings usually involve consumers, but they can choose not to attend.

## INVOLVE FAMILIES

### **Provide ongoing family support and psycho education**

- ACT team members should maintain routine contact with families and supporters.
- Open communication with families often prevents crises and minimizes the likelihood that families and ACT team members work at cross purposes.

## INVOLVE FAMILIES

### **Provide ongoing family support and psycho education**

- Routine contact may include ongoing education about mental illness.
- When necessary, the team may help families learn new attitudes toward themselves and the consumers, such as not blaming themselves or being overly critical of the consumer.

# INVOLVE FAMILIES

- We recommend formal training using the Family Psychoeducation KIT for one or more team members.

<http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/default.aspx>

# INVOLVE FAMILIES

## **Assist consumers with children**

- As many as one-third of women consumers give birth to children both before and after developing mental illness.
- Unfortunately, mental illness can compromise their ability to parent.
- The needs of consumer parents are complex and demand that the team alter services to address both the needs of the parent and children.

# INVOLVE FAMILIES

## **Assist consumers with children**

- The team helps consumers with the range of activities related to pregnancy and parenting, including:
  - Arranging prenatal, physical, and practical care;
  - Soliciting and using appropriate social services agencies;
  - Facilitating admission to the hospital and effective communication with hospital staff during the birth process and immediate neonatal period;
  - Supporting neonatal, infant, and childhood parenting at home;
  - Changing psychiatric treatment, particularly psychotropic medications, to match the needs of pregnancy and delivery; and
  - Educating the consumer about birth control.

# ASSIST WITH HOUSING

- Being knowledgeable about public housing is important for ACT team members.
- Since the public housing environment may not be safe or manageable for ACT consumers, it is important to identify subsidized housing (especially Section 8) options.



## ASSIST WITH HOUSING

- It is very important for team members to get to know people in the community who own or manage low-cost and subsidized housing and to introduce them to the program.
- People may be willing to take risk on consumers with marginal rental or credit histories if they know that the ACT program is providing support around payment of rent and monitoring upkeep of the residence.

# ASSIST WITH HOUSING

## **Monitor Safety**

- Despite your most creative and diligent efforts to help consumers obtain safe housing, some consumers will live in areas with relatively high level of crime.
- You will want to take advantage of training opportunities and work with consumers on developing and practicing specific things they can do to protect themselves and their property.

# EMPLOYMENT

- ACT supports consumers' goals for obtaining competitive employment. As Allness and Knoedler describe it, the:
  - “Focus is on promoting growth rather than stability (even for those individuals with serious impairments) and maximizing normalization rather than minimizing stress.”  
(Allness & Knoedler, 2003)

# EMPLOYMENT

- The team's employment specialists are responsible for providing the majority of employment services.
- They are also responsible for directing and teaching other team members to participate in carrying out individual consumer employment plans.

# EMPLOYMENT

## **Provide support in finding work**

- To overcome both consumer and staff apprehension, it is critical for the employment specialist and all team members to work together to encourage, support, and provide consumers with work opportunities.

# EMPLOYMENT

## **Provide support in finding work**

- Promote consumer interest and motivation to work by:
  - Talking about work; stimulating thinking about work, and raising expect to work;
  - Offering formal and informal interaction with working consumers to help them realize that they can work;
  - Determining consumers' work interests and competencies; and
  - Finding work opportunities for consumers to boost their confidence.

# EMPLOYMENT

## **Direct placement in competitive jobs**

- Experience with ACT has demonstrated that consumers can work competitively if they receive sufficient help to get a job and continued support to retain it.
- ACT employment services are based on the Evidence-Based Practice Supported Employment model in which the employment specialist works directly with individual consumers to find competitive work in the community as quickly as possible.

# EMPLOYMENT

## **Direct placement in competitive jobs**

- Job opportunities are matched with consumer preferences and skills.
- Consumers rarely lose jobs because they do not have skills for the job.
- More often, they lose jobs because mental illness and related symptoms and behavior affect job performance.



# EMPLOYMENT

## **Serve as a liaison with employers and educate them**

- One of the first tasks of an employment specialist is to identify opportunities for consumers in the employment market.
- To do so involves meeting with potential employers to understand their employment needs and ensuring availability of the ACT team for consultation and support.

# EMPLOYMENT

## **Provide ongoing support**

- Employment specialist provide ongoing support to help consumers and employers solve any problems that arise on the job.
- Employment specialists also assist consumers in transitioning to new job, as needed.

# EMPLOYMENT

## **Provide ongoing support**

- After gaining work experience (e.g., working at several jobs) consumers often begin to:
  - Gain confidence that they can maintain a job,
  - Successfully meet expectations at work, and
  - Feel a sense of accomplishment and belonging.

# EMPLOYMENT

## **Provide ongoing support**

- We recommend formal training with the Supported Employment KIT for one or more team members.

[http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/  
toolkits/community/default.aspx](http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/community/default.aspx)

# REFERENCES

---

Bell, C.C., & Mahoney, D. (2005). Assertive community treatment: Prevention in action. *Clinical Psychiatry News*, 33 (7), 46.

Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management & Health Outcomes*, 9, 141-159.

Mowbray, C. T., Plum, T. B., & Masterton, T. (1997). Harbinger II: Deployment and evolution of assertive community treatment in Michigan. *Administration and Policy in Mental Health and Mental Health Services Research*, 25, 125-139.

Phillips, S., Burns, B., Edgar, E., Mueser, K.T., Linkins, K.W., Rosenheck, R.A. et al. (2001). Moving Assertive Community Treatment into standard practice. *Psychiatric Services*, 52 (6), 771-779.

# REFERENCES

---

Ralph, Ruth. (2000). Review of recovery literature: A Synthesis of a Sample of Recovery Literature 2000. Prepared for National Technical Assistance Center for State Mental Health Planning (NTAC) and National Association for State Mental Health Program Directors (NASMHPD).

Substance Abuse and Mental Health Services Administration. *Assertive Community Treatment: Service Areas of Assertive Community Treatment*. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.