

# Assertive Community Treatment: Key Ingredients and Engagement with Treatment

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# Land Acknowledgement

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In the spirit of respect, reciprocity and truth, we come here today from Moh'kinsstis, where the bow meets the elbow river, otherwise known as Calgary. We want to honour the traditional Treaty 7 territory and oral practices of the Blackfoot confederacy: Siksika, Kainai, Piikani, as well as the Stoney Nakoda and Tsuut'ina nations. We acknowledge that Treaty 7 territory is home to the Métis Nation of Alberta, Region 3 within the historical Northwest Métis homeland. Finally, we acknowledge all Nations – Indigenous and non – who call this land home. In this sacred space, we share our knowledge but do not claim this to be all encompassing. We welcome and honour other ways of knowing.



# Agenda

- Assertive Community Treatment (ACT)
  - History
  - What is it?
  - Pathways to Housing
  - ACT Fidelity
- Engagement
- Key Ingredients
- Case Example
- Discussion and Questions

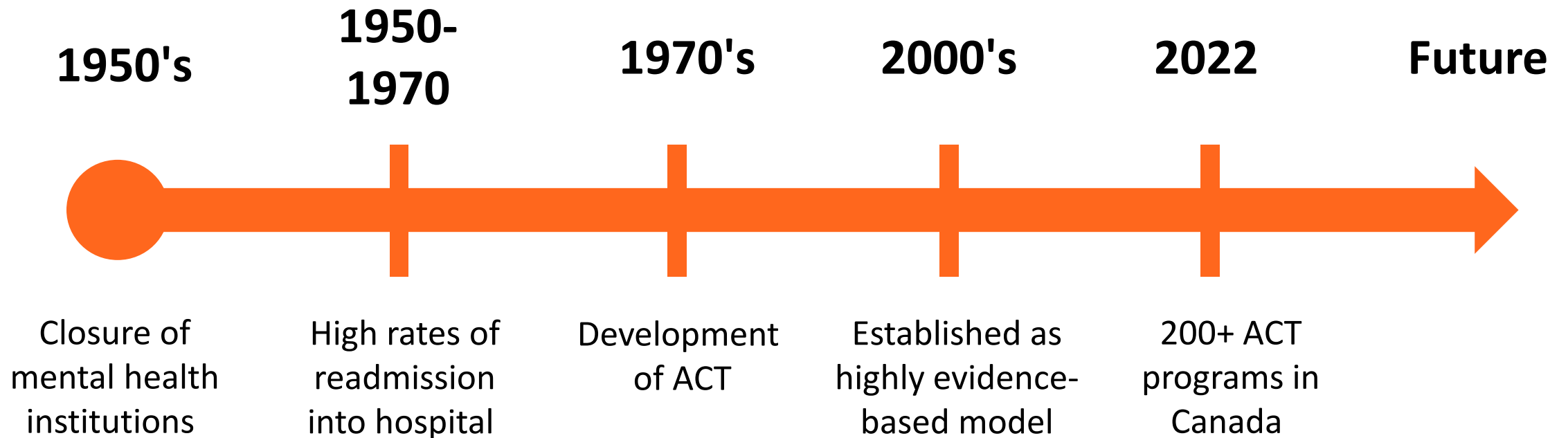


**How many people in the room are familiar with the ACT model?**

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**How many people work or have worked on an ACT team?**

# Assertive Community Treatment (ACT): History



(Bond et al., 2001; Phillips et al., 2001; Stein, Test, & Marx, 1975; Stein & Test, 1980; Stein & Test, 1985; Weiden & Olfson, 1995)

# ACT: What is it?



Service Delivery Model



Population; Thought Disorder & High Risk of Psychiatric Hospitalization



Transdisciplinary Team



Joint Responsibility for Care

# Goals of ACT



Improved  
Quality of Life



Increased  
Housing  
Stability



Decreased  
Institutionalization

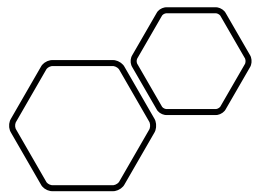


# The Alex: Pathways to Housing

- The Alex
- Harm Reduction
- Housing First
- Developed in 2007
- Two Teams
- 200 Clients





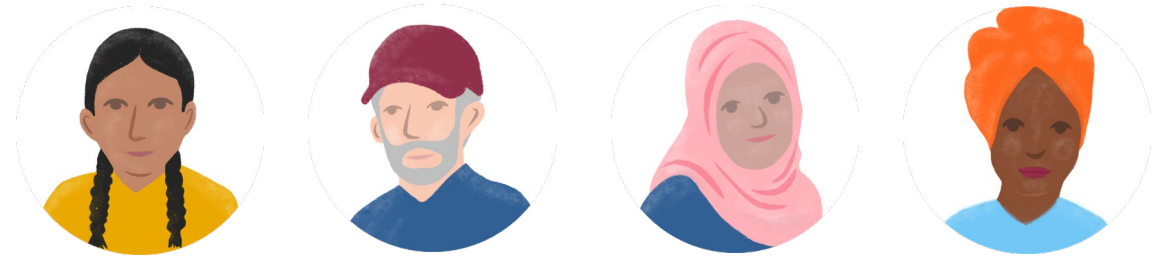


# ACT Fidelity



- Measurement: TMACT
- Higher fidelity = better outcomes
- ICM programs + ACT principles = better client outcomes

# Engagement



**Table 2** The four overarching themes and the relationship to the sub-categories

Meaning of assertive engagement	Formal engagement strategies	Informal engagement strategies	Engagement strategies for difficult to engage clients
Shared understanding, holistic, therapeutic relationship, consistency and persistent, empathetic, yet assertive, prevention	Treatment plan development, team decision making process, pharmacotherapy, utilization of social support, linking with physical health provider	Accepting clients as they are, flexibility in care, humanizing experiences, empowerment, communication, reward system	Altering team expectations, different meanings of engagement, intense outreach, client rights, involuntary admission



(Berghofer et al., 2002, as cited in George et al., 2015; George et al., 2015)

# Key Ingredients

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- Approach to Service Provision
- Shared Case Management
- Effective Team





# Approach to Service Provision

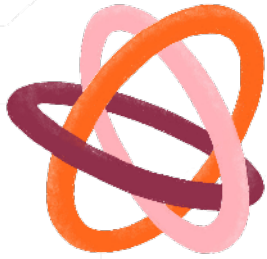
Connections  
&  
Community  
Integration





# Shared Case Management

- Daily Team Meetings
- Daily Schedule
- Documentation
- Team Communication
- Shared Work Area
- Trust



# Benefits of Shared Case Management

Higher Job Satisfaction

Reduced Burn Out

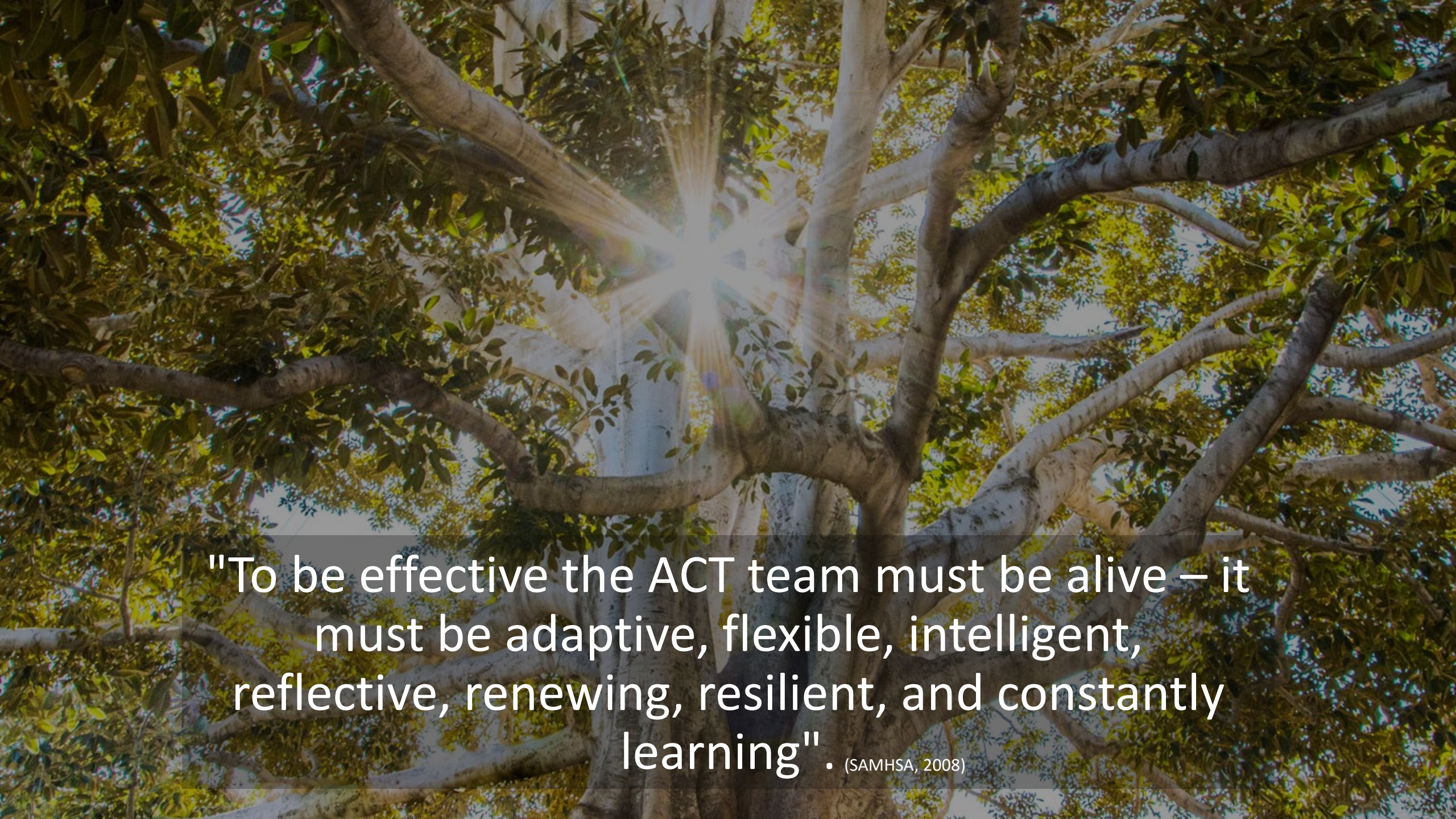
Reduced Impact  
During Staff Transition



- Leadership
- Experts
- Interchangeability

## Effective Team

- Training & Education
- Change Culture
- Cohesive Group



"To be effective the ACT team must be alive – it must be adaptive, flexible, intelligent, reflective, renewing, resilient, and constantly learning". (SAMHSA, 2008)



# Case Example: Prelude



Increased  
Housing  
Stability

Better Sense of  
Community

Reduced  
Incidence of  
Violence

Reduced Staff  
Levels of Stress

Increased  
Accountability

# Closing Remarks

We recommend to:

- Meet regularly to assess change
- Evaluate what's working and not
- Evaluate alignment to model
- Surveys

For leaders in the room interested in further information, please reach out to us for ACT model suggestions.

# Discussion and Questions

Please see the following slides for references and additional information if you would like to learn more

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# References

- 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(3), 141-159. <https://doi.org/10.2165/00115677-200109030-00003>
- Essock, S. M., Mueser, K. T., Drake, R. E., Covell, N. H., McHugo, G. J., Frisman, L. K., Kontos, N. J., Jackson, C. T., Townsend, F. & Swain, K. (2006). Comparison of ACT and standard case management for delivering integrated treatment for co-occurring disorders. *Psychiatry Services*, 57(2) pg. 185-196. <https://doi.org/10.1176/appi.ps.57.2.185>
- George, M., Manuel, J. I., Gandy-Guedes, M. E., McCray, S., & Negatu, D. (2015). “Sometimes what they think is helpful is not really helpful”: Understanding engagement in the program of assertive community treatment (PACT). *Community Mental Health Journal*, 52, 882-890. <https://doi.org/10.1007/s10597-015-9934-9>
- Gold Award: A Community Treatment Program Mendota Mental Health Institute Madison, Wisconsin. (2000). *Psychiatric Services (Washington, D.C.)*, 51(6), 755–758. <https://doi.org/10.1176/appi.ps.51.6.755>

# References

- Mancini, A. D., Moser, L. L., Whitley, R., McHugo, G. J., Bond, G. R., Finnerty, M. T., & Burns, B. J. (2009). Assertive community treatment: Facilitators and barriers to implementation in routine mental health settings. *Psychiatric Services, 60*(2), 1-7.  
<https://doi.org/10.1176/appi.ps.60.2.189>
- Monroe-DeVita, M., Moser, L.L., & Teague, G.B. (2013). “The tool for measurement of assertive community treatment (TMACT)”. In McGovern, M.P., McHugo, G.J., Drake, R.E., Bond, G.R., & Merrens M.R. (Eds.), *Implementing evidence-based practices in behavioral health*. Center City, MN: Hazelden.
- Phillips, Burns, B. J., Edgar, E. R., Mueser, K. T., Linkins, K. W., Rosenheck, R. A., Drake, R. E., & McDonel Herr, E. C. (2001). Moving assertive community treatment into standard practice. *Psychiatric Services (Washington, D.C.), 52*(6), 771–779.  
<https://doi.org/10.1176/appi.ps.52.6.771>
- Rapp, C. A. (1998). The active ingredients of effective case management: A research synthesis. *Community Mental Health Journal, 34*(4), 363–380.

# References

Stein, L. I., Test, M. A., & Marx, A. J. (1975). Alternative to the hospital: a controlled study. *Am J Psychiatry*, *132*, 517-22.

Stein, L. I., Test, M. A. (1980). An alternative to mental health treatment. I: Conceptual model, treatment program, and clinical evaluation. *Arch Gen Psychiatry*, *37*, 392-7.

Stein, L. I., Test, M. A. (1985). The Training in Community Living model: A decade of experience. *New Dir Mental Health Services*, *26*, 1-98.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2008). Assertive community treatment: Evidence-based practices. U.S. Department of Health and Human Services. <https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>

Weiden, P. J., & Olfson, M. (1995). Cost of relapse in schizophrenia. *Schizophrenia Bulletin*, *21*(3), 419-429. <https://doi.org/10.1093/schbul/21.3.419>