A Day in the Life of an ACT Team

Stephanie Lagalo, LCSW
Jon Ramos
CEBP Conference; October 20, 2016
Learning Objectives

• Describe 2 meetings that ACT teams utilize in planning for service provision.
• List 3 team member specialty positions and describe their roles on an ACT team.
• List 3 ACT model guiding principles and describe how these are used to promote recovery in individuals served by ACT teams.
ACT Team Meetings

**Team Meetings**

- Daily Meeting (5 times per week, every name)
  - Communication
  - Organize the team’s workload (forms and processes)
- Clinical Meeting

**Participant/Staff Meetings**

- Intake/Orientation
- ACT Comprehensive Assessment Process
- Treatment Planning Meetings (usually once a week, 1-2 clients)
  - Initial
  - Annual
ACT Team Meetings

Other Meetings

- Census Meeting
- Case Consultation
- Individual Supervision
- Inpatient (treatment team meetings)
- Meetings with outside providers and natural supports
A Typical Day

• **Attending various appointments**
  • Dental/Medical
  • Psychiatric
• **Attending to basic needs**
  • Housing placements
  • Food assistance
  • Benefit assistance
  • Supported Employment
  • Single Point of Service Coordination
• **Clinical Interventions**
  • Living skills
  • Crisis management skills
  • Emotion regulation skills
  • Cognitive Behavior Therapy
    • Dialectical Behavior Therapy
  • Medication management
ACT Team Staff

Specialist-Generalist Concept

Specialist

• Clinical expertise
• Corresponds with Treatment Plan
  • May be organized as Individual Treatment Team (ITT)
• Cross-train others
ACT Team Staff

Generalist
  • Practical solutions, problem solver
  • All team members
  • Rotation
ACT Team Staff Members

- Psychiatrist/Prescriber/Psychiatric Care Provider (i.e. Nurse Practitioner)
- Team Leader
- Nurse
- Substance Abuse Team Member
- Vocational Team Member
- Peer Support Specialist
- Case Manager (could also be Specialist)
- Counselor/Therapist
Psychiatrist/Prescriber/Psychiatric Care Provider (i.e. Nurse Practitioner)

- Integrated ACT team member
- Attends meetings
- Medical Director for the team
- Should have “flexibility”
- Collaborates with inpatient
- Monitors non-psychiatric
- Home/Community visits
Team Leader

• Air Traffic Controller
• “Gate Keeper”
• Player-Coach: supervisor “keeping it real”
• Field supervision (at times)
• On-call back up
• As the Team Leader goes, so goes the team
Nurse

• Collaborates closely with Prescriber
• Directs medication administration and education
• Provides ongoing health assessment
• Leads linkage and collaboration with physical health providers
• Less “generalist” work
• Services in the community!
Substance Abuse Specialist

• Coordinates and leads substance abuse assessments
• “Carries the Flag” for substance abuse treatment...is not the sole provider
• Train/Monitor team in IDDT principles
• Stage-appropriate Groups
Vocational Specialist

• Provides benefits education and planning to clients and staff
• “Carries the Flag” for vocational and educational pursuits...is not the sole provider
• Supported Employment principles
Peer Support Specialist

• Offering hope through role modeling (personal story)
• Advocate for recovery through treatment, skill building, and employment
• System navigation
• Advance Directives (non-legal)
Case Manager

- Advocates for resources, access to services
- Provide *in vivo* “training” and “case management”
- Every ACT team member is a case manager
- May take on specialty role (formal or informal)
Counselor/Therapist

• Non-traditional therapy setting
• Willingness to use non-traditional approaches
• Should have “flexibility”
Five Principles

“5 Principles of ACT”
to guide services
(adapted from SAMHSA ACT Tool Kit, 2008)
Five Principles

1. The primary goal of ACT is RECOVERY through community treatment and rehabilitation.
Five Principles

2. ACT is a **Psychosocial Rehabilitation Model**, **NOT** just a case management program.
Five Principles

3. ACT is for people with the most challenging and persistent problems.
Five Principles

4. ACT is characterized by Critical Ingredients. (see Bond and Drake, 2015)
Five Principles

5. Programs that adhere most closely to the ACT model are more likely to be successful (fidelity).
Wrap-Up

• Review
• Questions/Comments

THANK YOU!