ASSERTIVE COMMUNITY TREATMENT

TRAINING IN COMMUNITY LIVING
THE CONTINUOUS TREATMENT TEAM MODEL OF CARE
THE PACT MODEL

• The PACT Program developed the ACT approach to treatment in 1972
• It was developed at the Mendota Mental Health Institute
• The original PACT Program provides clinical services, conducts research, and models promulgation
• The model is empirically based and has been replicated both in the United States and abroad.
STUDY SEQUENCE

- Initial Study 1972-1976 Alternative to Hospitalization
- Dissemination 1976-1978
- Longitudinal Study 1978-1994
- Dual Diagnosis Study 1990-1995
- Vocational Study 1993-1998
- Demonstration Studies Transition/Independent Enhancement 1998-Present
ADMISSION CRITERIA FOR ADOLESCENTS IN PACT

- Primary Axis I diagnosis of a psychotic disorder, bipolar disorder, or obsessive compulsive disorder
- Absence of mental retardation
- Presence of four or more functional limitations upon initial screening (e.g., history of hospitalizations, truancy, homelessness, foster placements)
EARLY INTERVENTION/PREVENTION OBJECTIVES FOR THE PACT ADOLESCENT GROUP

• Reduce time spent in institutions
• Reduce secondary disabilities related to disruptions in education and work history
• Provide illness education, enhance treatment compliance, reduce recidivism, and chronic illness
KEY INTERVENTIONS

• Clinical and functional assessment
• Ongoing clinical and functional assessment
• Supportive psychotherapy and illness management/motivational interviewing/skill development/applied coaching and advocacy
• Strength-based approach
• Consumer driven and collaborative
• Outcome driven around normal adult role functions
• Assisting consumers to realize their goals
RECOVERY-ORIENTED TRANSITION SERVICES

Recovery Model

- Strength-based
- Assumes that people “get better”
- Demands partnership with medical professionals in understanding illness and pursuing appropriate treatment
- Frequently uses peer support
ADAPTATIONS TO WORKING WITH ADOLESCENTS WITH MAJOR MENTAL ILLNESS

• Keeping families involved, reducing family disruption and stress by sharing responsibility, helping with practical problem-solving, and providing illness education

• Assessing educational needs; providing advocacy, illness education, consultation on accommodations to school staff; providing information about alternatives to clients and family; providing ongoing follow-up

• Providing school-to-work transition services and outreach to schools to avoid secondary consequences of illness

• Emphasizing leisure, social activities, and group work
Days Spent in Institutions (Hospital & Corrections) Pre- and Post-PACT Admission

Mean Annual Days

- Pre-PACT Year -1 (n=15) 104.1
- Post-PACT Year 1 (n=15) * 24.1
- Post-PACT Year 2 (n=15) * 26.3
- Post-PACT Year 3 (n=14) * 25.6

* p < .03
SUMMARY OF PRELIMINARY OUTCOME DATA

• Participants (N=15) demonstrated a >4-fold reduction in combined hospital and incarcerations days.
• This reduction was driven mainly by decrease in hospitalization.
• No major change in frequency of hospitalization.
• Reduction in hospital days was more dramatic for subset of clients with previously high hospitalization rate.
GUIDELINES FOR EFFECTIVE EDUCATIONAL PLANNING

• Sound assessment
• Anticipation of support needs
• Consensus building
• Behavioral rehearsal

• Strength-based placement
• Resource cultivation
• Clear behavioral targets
• Concrete behaviorally descriptive feedback
SPECIAL CONSIDERATIONS

- Eligibility for special education services in the absence of mandatory school attendance
- Use of work credits
- Other credit-earning opportunities outside of school
ATTENDANCE AT IEP MEETINGS

- Evaluating resources
- Providing outreach and consulting with school staff
- Sharing responsibility
- Maintaining communication, collaboration between agencies
- Supporting families
- Advocating for educational, vocational, and other transition services
FREQUENTLY REQUIRED SPECIAL EDUCATION SERVICES FOR MENTAL HEALTH CONSUMERS WITHIN SCHOOLS

• Mainstream services with IEP
• Mainstream services with some self-contained classes
• All self-contained or alternate site
• 1:1, homebound or neutral site
• Extended school year
NON-PROXIMAL SUPPORTED EDUCATION SERVICES

- Transportation
- Supportive counseling
- Review meetings
- Crisis intervention
- Advocacy and consultation about accommodations and services
- Job development and support
- Tutoring and/or additional credit earning opportunities
- GED/HSED preparation and testing
ALTERNATIVES TO HIGH SCHOOL

HSED/GED

- GED requires exams and/or credits in reading, writing, math, science, and social studies
- HSED requires additional competencies in health, civics, and employability skills
- Both require academic skills at about an 8th grade level
- Both can be obtained through a variety of programs offering classes, self-study, 1:1 tutoring, or a combination of work and schooling
- May be offered in settings that preclude school attendance (e.g., jail)