



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
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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)**
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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**
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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**
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RECOVERY-ORIENTED TRANSITION SERVICES

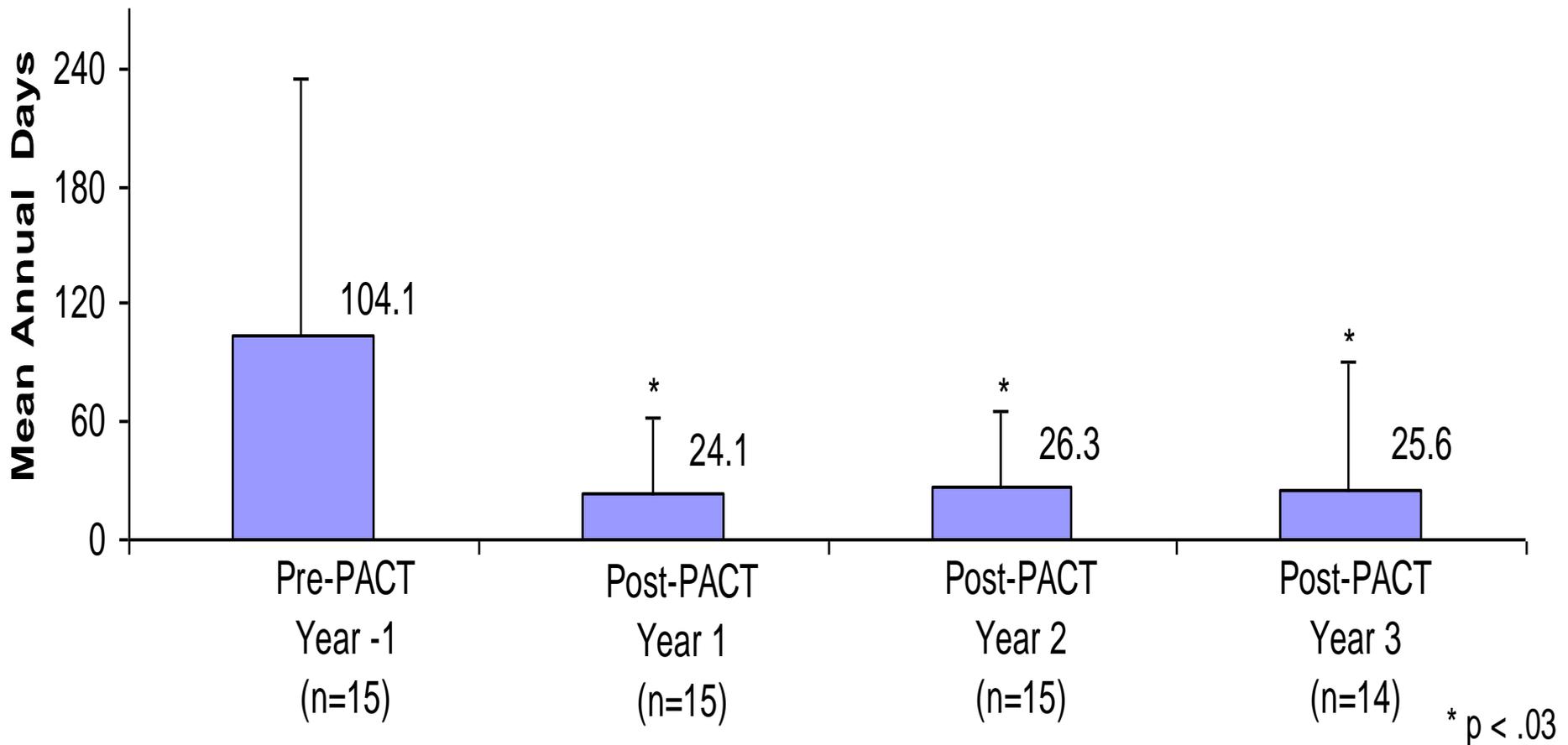
Recovery Model

- Strength-based
 - Assumes that people “get better”
 - Demands partnership with medical professionals in understanding illness and pursuing appropriate treatment
 - Frequently uses peer support
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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**
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Days Spent in Institutions (Hospital & Corrections) Pre- and Post-PACT Admission



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
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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 descript feedback
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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
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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
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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
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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)
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