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The Importance of the Team Leader in the Implementation of Assertive Community Treatment (ACT)

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The Issue

Over 40 years of research indicates that Assertive Community Treatment (ACT) remains an effective comprehensive treatment and rehabilitation service modality for individuals living with serious mental illness within the U.S.¹ However, evidence also suggests that when ACT is not delivered as intended by the developers (i.e., with fidelity), the effect on service and clinical outcomes is reduced.^{2,3} Effective methods to best implement ACT in a variety of settings and states are critically needed.⁴⁻⁶ ACT team leadership and supervision plays an essential role in the implementation of effective ACT teams and has emerged as a particularly important factor for facilitating implementation.⁷⁻¹⁰ Despite this identification, very little research has specifically focused on what ACT team leaders do to promote the successful implementation of this evidence-based practice.

The Goal

To gather input from team leaders who are currently working in the field and provide a top ten list of tips on what team leaders are doing now to support the successful implementation of ACT services.

What Researchers Did

The top ten tips were compiled from a case study that investigated what ACT team leaders in high fidelity teams did (9), in-depth qualitative interviews and observation of community mental health supervisors (10), four listening sessions with current ACT team leaders from 6 states in the U.S. (Washington, Oregon, Alaska, Idaho, Wisconsin & Minnesota), and a survey distributed to two states within the Northwest and Great Lakes MHTTC regions.

Top Ten Tips & Strategies for ACT Team Leaders



1. Set aside time to have fun.



2. Share praise, recognition, or rewards for incremental successes.



3. Know your audience by understanding team members' needs and strengths.



4. Center the self-defined goals of the people served as the team's first priority.



5. Be a role model.



6. Acknowledge there is constant change and be comfortable with ambiguity.



7. Practice together.



8. Buffer the team through intentional communication.



9. Use ACT fidelity as a program guide.



10. Find support and mentors.

1. **Set aside time to have fun.** Seize opportunities to get together and help the team have some fun. Consider sharing food (i.e., potlucks) and giving the team time to “breathe”. Building in this time can foster team cohesion and morale and make the job more enjoyable.

2. **Share praise, recognition, or rewards for incremental successes.** Ask others (team members, family members, persons served) to provide ‘kudos’ on the team’s work and then share that information with the team member. By using praise and recognition, the team leader can help celebrate and share successes with the team while highlighting what is expected and acknowledging that you are paying attention to each team member’s work.

3. **Know your audience by understanding team members’ needs and strengths.** Pay deliberate attention to team members’ emotional and learning needs and directly inquire about how team members are doing.

Actively listen and express genuine care and concern. Understand what motivates each person and what professional areas they are trying to improve in. Ask in supervision sessions, “what do you need from me to make the job even better?”. Assist team members in identifying what they are good at and support them to use those strengths to help the team meet its goals. Encourage team members to utilize strengths to be creative in solving problems (e.g., if a team member is a pro at going to flea markets, then maybe having them facilitate a social outing on a Saturday with persons served to decrease isolation). Use strengths to contribute to professional growth (e.g., “you are so great at assessing information, would you like to come and conduct an initial assessment with me?”). By promoting team member strengths and professional growth, you harness individualized contributions and may keep team members more motivated by experiencing new things. Truly knowing individual team members’ needs helps you be responsive to their needs as a human being, calibrate learning, and provide individualized support.

4. **Center the self-defined goals of the people served as the team’s first priority.** Make sure you stay mission-focused in all discussions and decision-making. Keep your eye on the “why we are doing this” goal and explicitly say it during team discussion in order to frame decision-making. You have the responsibility for holding the vision for your team along with some idea of how to get there. Assess how some of your own practices (e.g., hiring and training) support your vision for the team and remind the team that all the work contributes to individuals with serious mental illness living a life worth living and meeting their self-defined treatment goals. Helping clients live their best lives possible is the umbrella for everything else.
5. **Be a role model.** Team members learn by watching you and so you should do what you want team members/others to do. Embody the values you want team members to learn and follow (e.g., recovery-based and strengths-focused culture). Exhibit the desired behaviors you want team members to emulate. Have clear and open communication, don’t participate in gossip, and model how you want conflict among team members to be handled (e.g., discussion between parties, expected resolution for the team to move forward). Set a commitment and purpose to delivering high-fidelity ACT services, and center the persons served as the team’s number one priority. By being a role model, you can inspire and motivate others.

6. **Acknowledge there is constant change and be comfortable with ambiguity.** A large part of the work with persons served is not knowing what the future will bring. Be open and okay with the unpredictability. Encourage team members to see change as a natural and inevitable part of the workflow and team environment. Encourage team members to be adaptable and move forward rather than getting stuck or being reactive. Acknowledge you can't control everything. Reframe change and challenges for the team in positive terms as opportunities. Motivate team members to trust and follow the ACT processes that are in place as a way to deal with change.
7. **Practice together.** Make time for experiential learning (e.g., role play a clinical interaction) within supervision time with team members. During either individual supervision or team meetings, help team members "practice" being with clients and addressing certain situations. This time together provides opportunities to model both the clinical skills and learning a new skill in a low-stakes environment. Keep it short, simple, and casual while acknowledging it may be uncomfortable at first. Practicing will help team members feel even more prepared with the client. Consider riding along with team members for direct observation of their work with persons served to provide invaluable feedback.
8. **Buffer the team through intentional communication.** Team members are impacted by multiple factors. When possible, shield your team members from various outside, stressful influences so they are free to do their important work (i.e., do they need every email about a *potential* agency change?). Intentionally assess and make deliberate decisions on what and how information is disseminated to team members. Ask yourself, what does my team NEED to know, when, and how should I communicate it? What stress can I *hold* for my team? Buffering the team also means proactively educating others outside of the team to support the work of the team (i.e., support policies that remove barriers and support the team and persons served).
9. **Use ACT fidelity as a program guide.** Help team members understand what the program's mission is and educate them as to the ACT model of care that sets the framework for the work they do. Attach ACT fidelity to the mission of the team (e.g., helping people recover from SMI). Break down the concept of ACT fidelity into manageable and understandable ways for the team to implement. In a non-threatening way, help team members appreciate fidelity as part of their work. Use informed decision-making, when possible, by gathering data on team process or outcomes to inform

treatment and workflow decision. With the team, set clear expectations as to what program areas you want to see improvement in and periodically reference these goals in supervisions or team meetings.

- 10. Find support and mentors.** Set up virtual meetings or calls with a network of other ACT team leaders, either within your region, state or beyond. Encourage your state or regional DHS representative to help you with this coordination. One easy way to get networked is by joining the national ACT Provider calls sponsored by the Northwest MHTTC and the Institute for Best Practices at the University of North Carolina. Other team leaders will uniquely understand the role and can provide support, guidance and problem-solving. You aren't in this alone!

Taking a First Next Step

These tips will not be helpful unless put into action! Consider picking just one tip to employ with your team today. If you do just one thing right now to improve the services on your ACT team, we suggest making time for a regular ride along with each of your staff on their visits. The ride along provides opportunities for you to 1) tune in to how each staff member is doing, their current areas of strength, and potential areas for growth, 2) model how you want others to interact with the people served, and 3) reinforce the mission to help people living with a serious mental illness to enjoy a meaningful life in the community.

Resources

- National ACT Virtual Meetings & Discussion Forum hosted by Northwest MHTTC in partnership with the Institute for Best Practices at the University of North Carolina: <https://mhttcnetwork.org/centers/northwest-mhttc/national-act-virtual-meetings-discussion-forum-address-impact-covid-19>

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