

ACT and IDDT: The Convergence of Two Models

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CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University

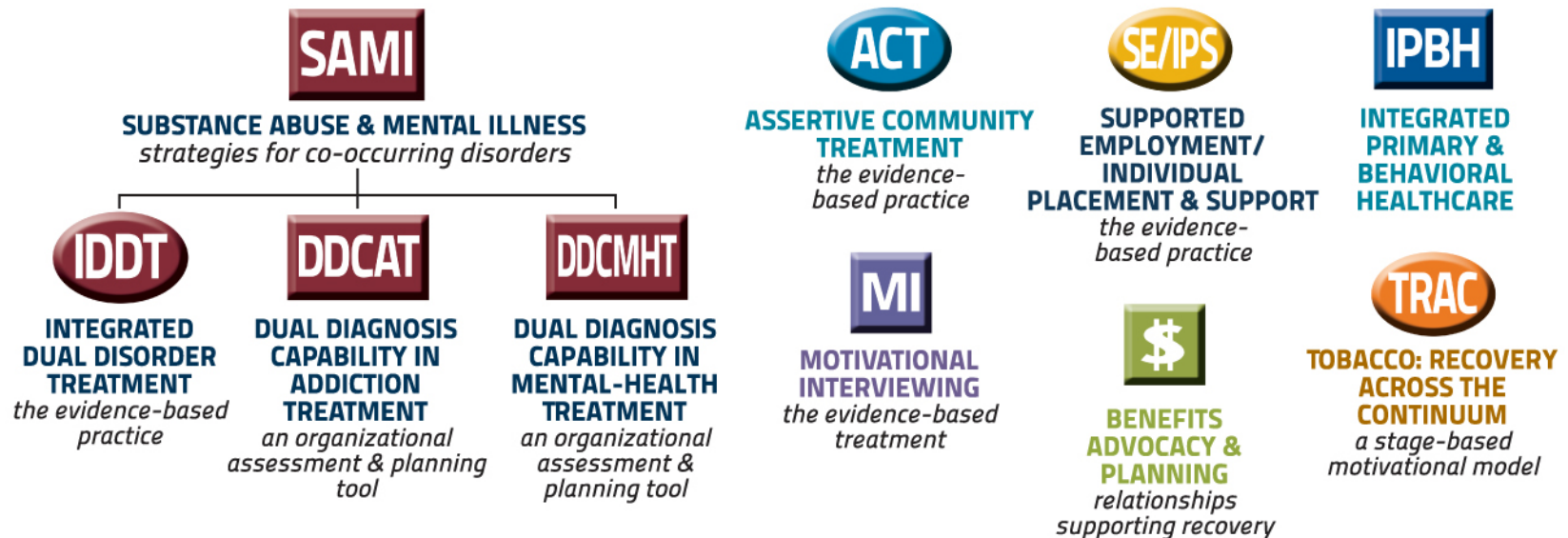


A partnership between the Jack, Joseph and Morton Mandel
School of Applied Social Sciences & Department of Psychiatry
at the Case Western Reserve School of Medicine

A Technical-Assistance Center

Providing consultation, training, and evaluation
for the implementation of integrated behavioral
healthcare services

Service innovations for people with mental illness, substance use disorders



Goals for today

1. Review the basics (why ACT?)
2. New basics: IDDT (Stage-wise philosophies and MI)
3. “Why” and “How” ACT and IDDT fit together
4. What’s in it for me?

Why ACT?

ACT is an evidence-based practice:

- Specific intervention (practice standards- a “model”)
- Positive results (positive consumer outcomes)
- Predictable results (outcomes are reproducible)
- Means of assessing one’s model (fidelity tool)

Which would you like to eat?



Why ACT?

- Overuse of expensive services
- System fragmentation
- De-institutionalization
- Creates more “whole” system for individualized services
- Staff burnout

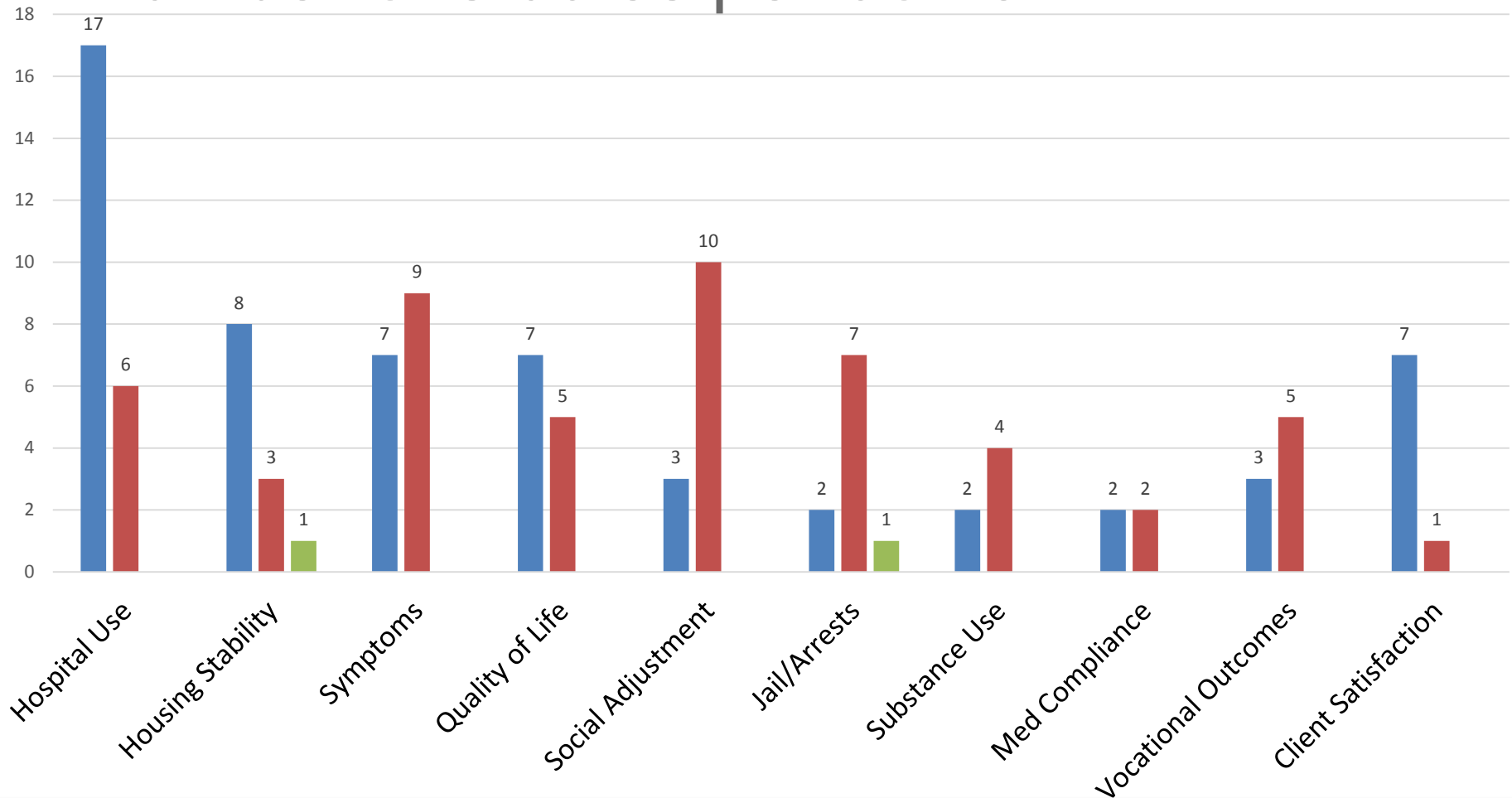
We know it works:

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 and Health Outcomes*. 9(3), 141-159.

Latimer, E. (1999). Economic impacts of Assertive Community Treatment: A review of the literature. *Canadian Journal of Psychiatry*, 44, 443-454.

Lydick, J.M., Rollins, A.L., Salyers, M.P., & Tsai, J. (2009). Staff turnover in statewide implementation of ACT: Relationship with ACT fidelity and other team characteristics. *Administration and Policy in Mental Health and Mental Health Services Research*, 37: 417-426

ACT Outcomes: Number of studies per domain



What problem(s) does YOUR ACT team solve?

(3 min discussion)

Things You May Not Have Known About ACT...

Integrated Dual Disorder Treatment (IDDT): What is it?

Clinical focus on treatment for persons with
severe and persistent mental illness and
substance use disorder

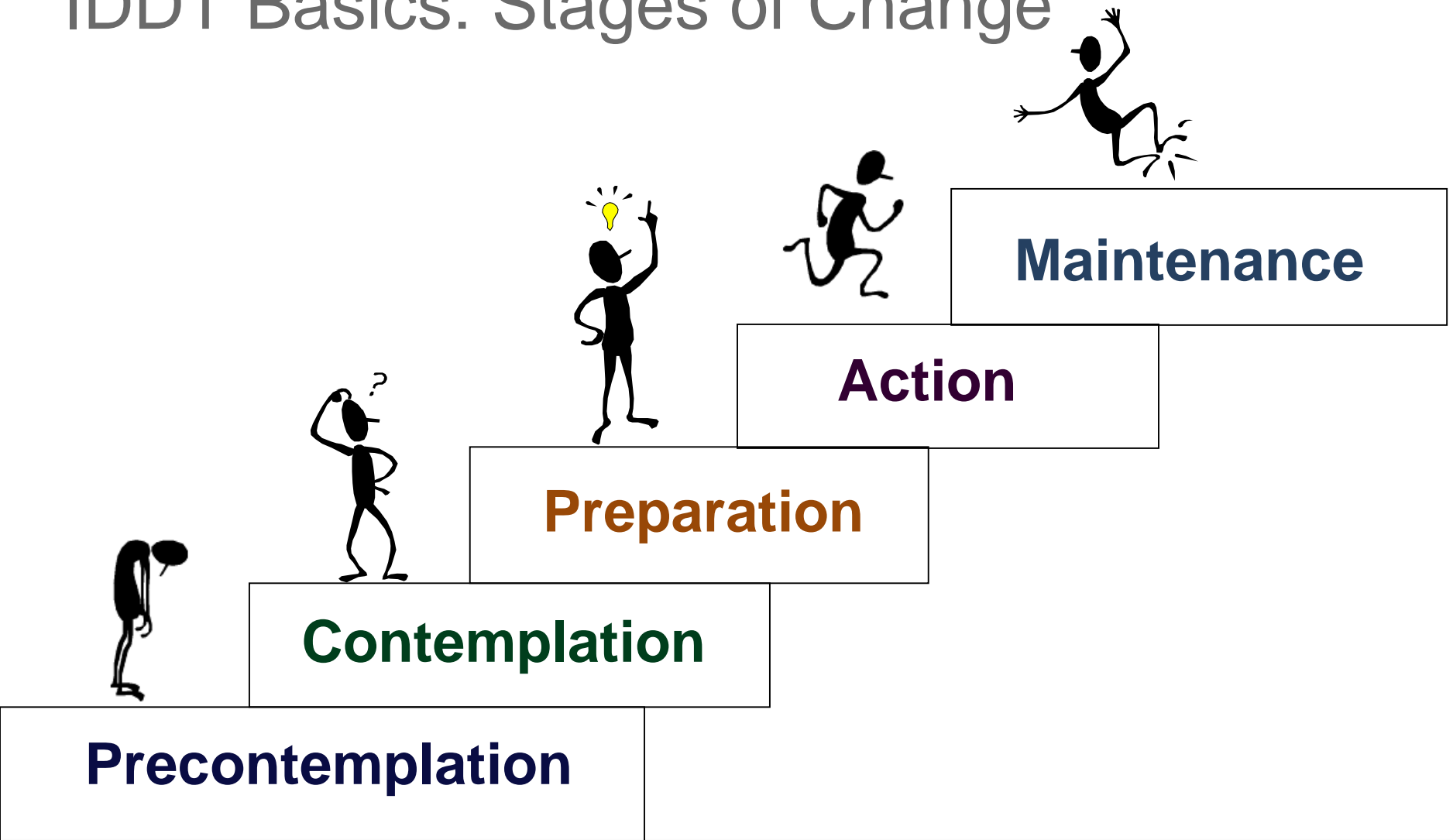
Integrated Dual Disorder Treatment (IDDT): What is it?

Treatment of substance use disorder and mental illness together

- Same team
- Same location
- Same time

IDDT Overview Guide

IDDT Basics: Stages of Change



Stage of Change	Characteristics - Issues	Strategies
Pre-contemplation <i>"Ignorance is Bliss"</i>	"Nothing needs to change"	<ul style="list-style-type: none"> • RELATIONSHIP • TRUST
Contemplation <i>"On the Fence"</i>	"I am considering change"	<ul style="list-style-type: none"> • ACKNOWLEDGE MIXED FEELINGS • DEVELOP DISCREPANCY
Preparation <i>"Testing the Waters"</i>	"I am figuring out HOW to change"	<ul style="list-style-type: none"> • BUILD CONFIDENCE • INFO, OPTIONS, ADVICE • CAREFUL - DON'T PUSH...
Action <i>"Started Moving"</i>	"I'm working on reaching my goals."	<ul style="list-style-type: none"> • PLAN REACHABLE GOALS • MONITOR AND ENCOURAGE
Maintenance <i>"Holding Steady"</i>	"I've changed, now to just keep it up."	<ul style="list-style-type: none"> • SUPPORT CHANGE • RELAPSE PRE-PLAN
Relapse Prevention <i>"Falling off the Wagon"</i> <i>"Revisiting the Past"</i>	"I've gone back to old behaviors. Have I lost everything I worked for?"	<ul style="list-style-type: none"> • CAREFUL -AVOID SHAMING • WHAT WENT WRONG?! • TRY AGAIN!!

IDDT Clinical Guide

(featuring stage-wise treatment)

The Nail Video:

<https://www.youtube.com/watch?v=-4EDhdAHrOg>

IDDT: What is Motivational Interviewing (MI)?

"Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for and commitment to a change goal by eliciting and exploring an individual's own arguments for change."

(Miller and Rollnick, 2013)

IDDT: What is Motivational Interviewing (MI)?

- Collaborative, Empathic, Goal-oriented style of communication
- Pays specific attention to “language of change”
- Elicits and strengthens a person’s own reasons and motivation for change.
- Nurtures hope and optimism.
- Occurs within the context of staff acceptance and compassion

How does MI help me?

If patient behavior change is what we seek –

then MI has more published evidence to be effective than telling people what to do and why when working in a short time frame.

(Miller & Rollnick, Motivational Interviewing: Helping People Change, 2013)

How does MI help me?

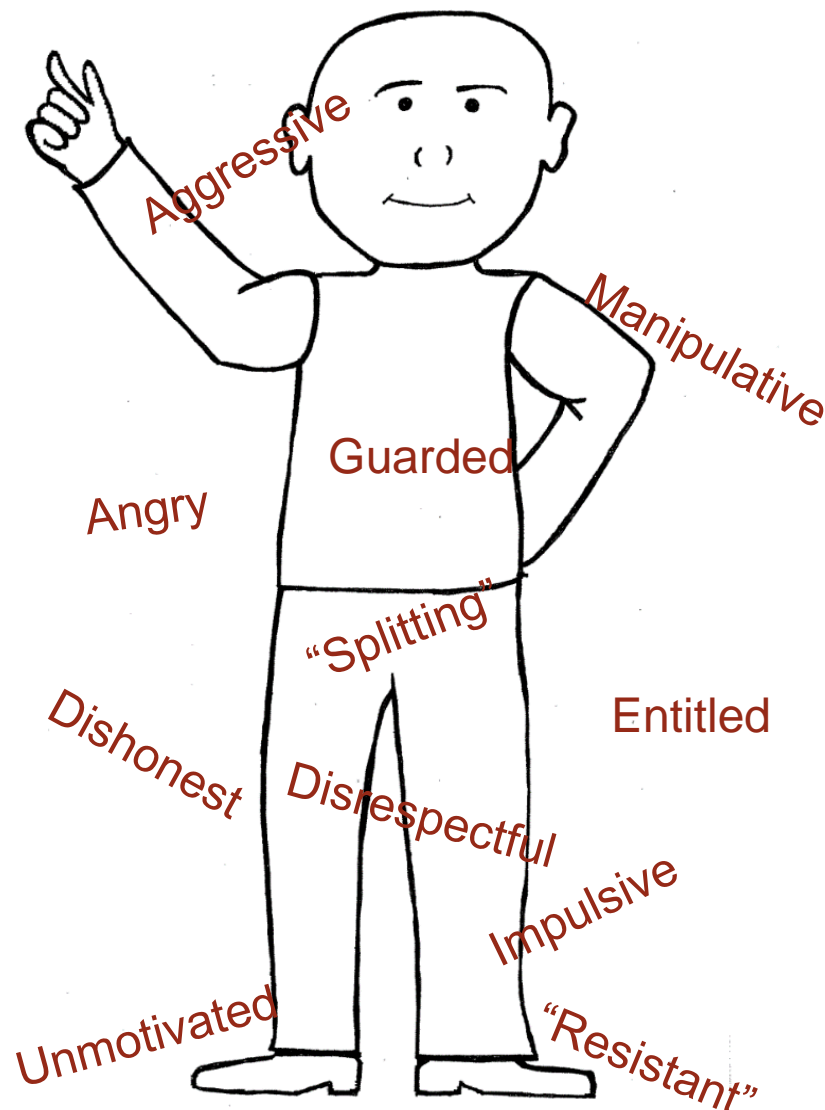
1. Aligns with Evidence Based Practices
2. Helps get “back in the game”
3. Changes who does the talking
4. Professional avoids doing all the work
5. Includes effective tools for resistance
6. Helps prepare people for change
7. Changes what is talked about (“change talk”)
8. You can enforce program criteria, deliver consequences AND be MI-consistent.

(Adapted from Clark, 2006)

How does MI help me?

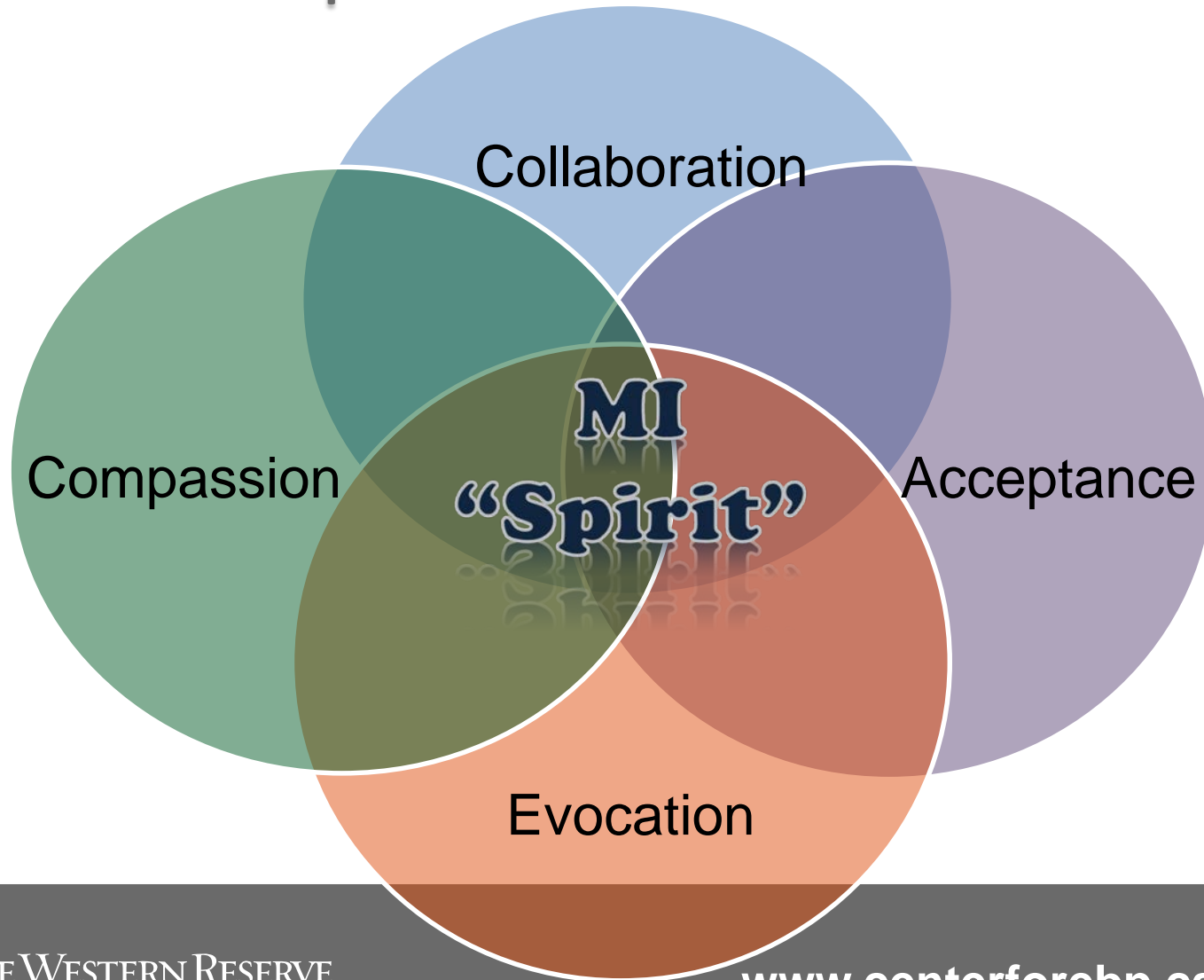
“Often the strongest predictor of treatment outcome is the staff to whom a client is assigned, even when assignment is random. There is a strong correlation to staff empathy and treatment success.”

[Miller, Taylor, & West (1980), Valle (1981)]



MEET PETER!

The “Spirit” of MI: Elements



IDDT: What is Motivational Interviewing(MI)?

Stop It!

<https://www.youtube.com/watch?v=Ow0lr63y4M>
[W](#)

ACT and IDDT: The Convergence of Two Models

ACT & IDDT: Core Similarities

Integrated Treatment

Comprehensive Services

Team Approach

Multidisciplinary Expertise on Team

An Evidence Base

Clear Outcome Goals

Clear Models/Practices (Fidelity Scales)

ACT & IDDT: Minor Differences in Specificity

ACT has more specificity around service structure:

- Team composition (Prescriber, Nurse, Voc., Peer)
- Organizational Structure (daily team and Tx planning mtgs)
- Managing hospital admit and d/c
- Mandated “on-call”

IDDT has more specificity around treatment content:

- Assessment & TX Planning
- Motivational Interviewing
- Harm Reduction
- Staff Training
- Supervision
- Stage-wise treatment

Integrated **D**ual **D**isorder **T**reatment

Assertive **C**ommunity **T**reatment

The ACT-IDDIT Population

<p>Low to Moderate Psychiatric Disorders</p> <p><i>Low to Moderate Severity Substance Use Disorder</i></p>	<p>High Severity Psychiatric Disorders</p> <p><i>Low to Moderate Severity Substance Use Disorder</i></p>
<p>Low to Moderate Psychiatric Disorders</p> <p><i>High Severity Substance Use Disorder</i></p>	<p>High Severity Psychiatric Disorders</p> <p><i>High Severity Substance Use Disorder</i></p>

ACT-IDDT Outcomes in Columbus, OH

Franklin County IDDT-ACT Teams N= 322; (278 have been in the program 12 months or more and 246 in for 24 months or more. Service dates: 7/30/08-12/30/11)

Service Categories	Measure Units	BASELINE USEAGE During Year Prior to Being on Team	CURRENT USEAGE RESULTS For Clients on Team One Year or More	CURRENT USEAGE RESULTS For Clients on Team Two Years or More	DIFFERENCE In Usage From Baseline, First Year	DIFFERENCE In Usage From Baseline, Second Year
		Units	First Year Units	Second Year Units	# Percent +/-	# Percent +/-
State Hosp Inpatient	N Days	9,293	4,640	3,026	-50%	-67%
Netcare Services	Crisis Episodes	757	560	337	-26%	-55%
Residential Care	Days	5,991	6,810	4,826	14%	-19%

ACT Fidelity: DACTS

3 Sub scales

1. Human Resources: Structure and Composition
2. Organizational Boundaries
3. Nature of Services

IDDT Fidelity Scale

Part I: Treatment Characteristics

- Factors for IDDT Service Delivery
- 14 Items

Part II: Organizational Characteristics

- General Factors aimed at improving program's ability to implement any EBP
- 12 Items

ACT & IDDT: Fidelity Item Similarities

- Team Approach
- Multidisciplinary Team
- Explicit Admission Criteria
- Comprehensive Services
- Long Term Services
- Outreach
- Engagement
- Service Intensity
- Work with Essential Others
- SA TX

ACT & IDDT: Fidelity Item Differences

ACT

Ratios

Daily Team Meetings

Staffing: Continuity and
Retention

Intake Rate

Peer Specialist

IDDT

Assessment

TX Planning

Staff Training

Supervision for IDDT

Outcome Monitoring

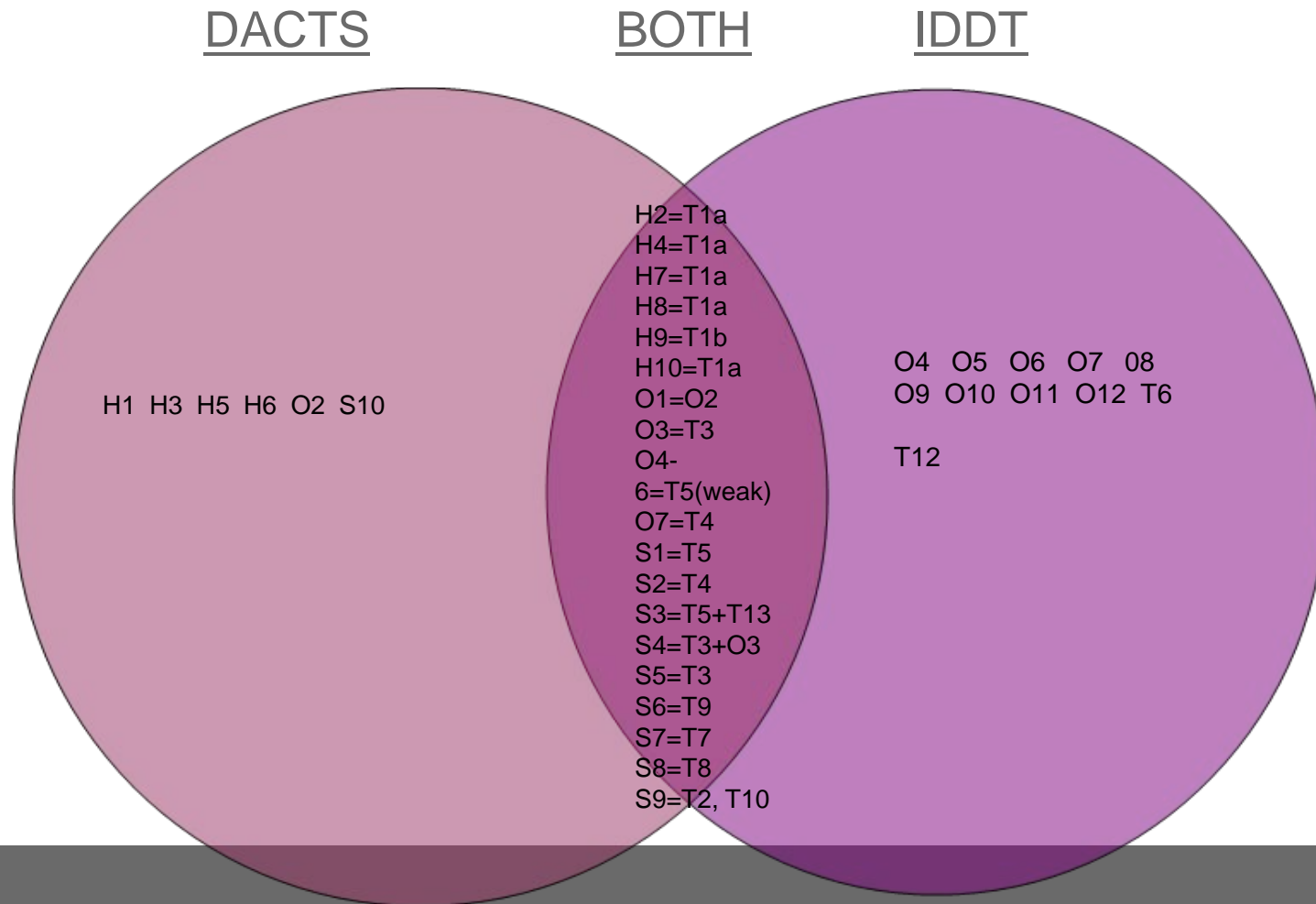
In standards-not DACTS

Client choice

Motivational Interviewing

Harm Reduction

Overlap of ACT & IDDT Fidelity Scale Items:



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Online!



Get connected to ...

- Training events
- Educational resources
- Consulting resources
- Evaluation resources (fidelity & outcomes)
- Professional peer-networks



Events & Stories

- Training events & online registration
- News about us and our collaborators
- Recovery stories told by consumers, family members, service providers, employers



Tools | Education & Advocacy

Booklets



Posters



Reminder Cards



www.centerforebp.case.edu/resources/tools



Contact Us

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Our Mission

The Center for Evidence-Based Practices at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:

- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

