

## **Fellowship in Assertive Community Treatment (ACT)/ Suivi Intensif en milieu (SIM)**

Site: CIUSSS ODIM, IUSMD (Institute universitaire en santé mentale Douglas)

Duration: One year

Teaching staff: Dr. Katherine Steger, MD, PhD, FRCPC

Academic background of teaching staff: Dr. Steger completed her residency and fellowship training at McGill and is now an assistant professor at McGill University. She is the medical director of the Perry 2A Risk Management/Rehabilitation unit at the Douglas, as well as having 5 years of experience in ACT. She is trained in Cognitive Behavioral therapy and in the Recovery model of working with patients with mental illness. She sits on regional committees on the implementation of SIV-SIM and Legal Psychiatry and has participated in LEAN organizational workshops. She has done research on medication adherence and early psychosis. She is extensively involved in the teaching of medical students and fellows in a variety of settings.

Background: ACT or Assertive Community Treatment is an evidence based approach to caring for individuals with complex, severe mental health disorders. ACT has been shown to reduce hospitalization and emergency visits for patients with difficult-to-treat psychosis and psychosocial instability (1). ACT is a unique intervention model involving a multi-disciplinary team, flexible scheduling, care in the community and crisis management (2). ACT teams use a variety of approaches to help clients achieve psychosocial stability and ultimately, their own recovery goals. The philosophy of ACT is to try to provide all the necessary supports to allow a client to stay well outside the hospital.

ACT clients are individuals with psychotic disorders who also demonstrate significant psychosocial instability. They often have treatment resistant symptoms, personality issues, poor coping skills and substance use disorders. They often have histories of repeated admissions, itinerance and legal involvement. In order to meet the needs of these clients, ACT teams employ substance abuse specialists, psycho-educators, social workers and vocational specialists as well as psychiatrist and nurses. Interventions range from the biological (medication supervision, assistance in managing physical conditions) to the psychological (CBT, motivational interviewing) to the social (support in finding housing, enrollment in meaningful activities).

ACT teams are involved in all aspects of clients' lives and meet clients wherever we can—at their homes, in the community or at the hospital. ACT teams remain involved when clients visit emergency rooms or are admitted to hospital. The ACT team also provides medical /psychiatric coverage for the Maison Claude Laramée dual diagnosis residential treatment facility in Verdun.

Description of the fellowship: This is a full-time clinical fellowship in which the clinical fellow will become an integrated member of the Douglas's ACT-B team. The fellow will take on a caseload of about 20 patients and follow them through all aspects of their treatment at ACT. The fellow

will participate in initial assessments to determine eligibility for ACT and will be involved in the creation of an initial treatment plan. The fellow will collaborate with other team members to enact and adjust treatment plans, as well as to respond to crises. The fellow will follow patients when they visit the emergency department, are hospitalized, enter treatment centers for substance abuse or are admitted to other facilities for medical care.

Fellows will have extensive exposure to techniques in treating comorbid psychiatric and substance use disorders. Fellows will follow at least two clients at the Maison Claude Laramée and can assist in leading therapeutic groups in the house. They will be trained in IDDT assessment (Integrated dual diagnosis treatment). They will have exposure to the array of substance abuse treatment facilities in the Montreal region and will develop expertise in collaborating with workers in these programs.

Fellows will also have opportunities to develop their psychotherapeutic skills. Fellows who are proficient in CBT can take on clients for regular therapy. They will develop expertise in forming therapeutic alliances with clients who are difficult to engage. They will have extensive modeling of psychoeducation and motivational interviewing-based interventions.

Fellows will also be involved in the legal aspects of patient care, such as preparing court orders for treatment, testifying before the Tribunal Administratif du Quebec and working with clients who are being reintegrated into society after a “not criminally responsible” verdict. They will also be able to participate in the process of obtaining protective regimes for clients who are inapt to care for their own finances.

Fellows will also develop expertise in using interventions to improve medication adherence and mitigate the effects of substance misuse.

They will follow patients in a variety of housing settings, from shelters to autonomous apartments and will develop expert knowledge of housing resources.

Fellows will also develop the administrative skills and expertise needed to initiate and maintain an ACT program of their own. Fellows will participate in regular clinical-administrative meetings with other ACT medical staff. They will participate in a process of homologation or assessment by the CNESM (Centre National d'Excellence en Santé Mentale; a government body which ensures that ACT teams work according to best practices). They will receive mentoring on the management of staffing issues, scheduling and collaboration with community partners. Fellows will have access to standardized tools for structuring and documenting the work of an ACT team and will see how these are adapted in the Quebec context.

Fellows will also participate in the training of medical students and fellows who rotate through ACT.

As an academic component, fellows will be expected to prepare either a literature review for publication (on a topic relevant to ACT) or a presentation for the Douglas' Grand Rounds series.

Schedule and responsibilities: Fellows will be expected to work 35 hours per week, with one half-day per week reserved for academic activities if desired. Because ACT teams perform interventions from 8 am to 18h, fellows who are willing to have a more flexible schedule (sometimes working from 8 am to 16 h or 10am to 18 h) will have a more complete clinical experience. Fellows will be expected to attend weekly rounds and a weekly clinical-administrative meeting, and also to attend the ACT daily planning meeting at least twice a week. Fellows will be responsible for the clinical care of their patients, with support and supervision. They will not be expected to do evening or weekend call.

### **CANMAT roles**

#### **A. *Medical Expert / Clinical Decision Maker***

By the end of the fellowship, fellows will have developed an in-depth understanding of the ACT model including:

- Being able to identify clients who benefit from ACT (complex issues; not manageable with traditional medical models; need for 8 contacts per month).
- Understanding what services ACT can provide
- Being able to identify client's needs and design a personalized treatment plan using a biopsychosocial approach
- Developing an on-the-ground experience of the recovery model:

Fellows will also develop expertise in assessing treatment resistant psychosis, substance abuse, risks of marginal lifestyle and coping strategies.

They will develop in-depth knowledge of Psychopharmacology for treatment resistant illness

They will learn how to employ Cognitive-behavioral and Motivational Interviewing techniques towards treating psychosis and substance abuse and improving adherence to treatment.

They will learn how to employ integrated substance abuse and mental health treatment

They will develop Medico-legal expertise (experience with testifying before the Tribunal Administratif du Quebec, preparing requests for court orders for treatment and for curatorship)

#### **B. *Communicator***

By the end of the fellowship, fellows will have enhanced their communication skills by:

- Developing the capacity to establish a therapies alliance with clients who are difficult to engage.
- Developing skills for speaking to people with cognitive deficits and disorganization
- Communicating with multi-disciplinary treatment team to establish plan and follow up
- Communicating with referral sources to provide education about ACT and who it serves
- Engaging family members and entourage despite obstacles (i.e. ongoing risks despite treatment; entourage also experiencing mental health issues)

**C. Collaborator**

In this fellowship, fellows will improve collaboration skills by:

- Communicating with professionals on medical or psychiatric units to ensure coordinated care and to other teams when transferring patients
- Collaborating with non-medical partners at the Maison Claude Laramée, other housing resources, community organizations
- Learning how to work with the office of the Public Curator of Quebec
- Collaborating closely in an multi-disciplinary team

**D. Manager (Leader)**

In this fellowship, fellows will learn management skills by:

- Practicing time management in busy, chaotic service
- Understanding the role of ACT in the larger system of treatment of people with severe and persistent illness; working to ensure that ACT is used where it is most effective
- Building awareness of team dynamics
- Learning how to assess the effectiveness of an ACT team using a fidelity scale

**E. Health Advocate**

In this fellowship, fellows will enhance their advocacy skills by:

- Confronting and attempting to overcome social obstacles to good health
- Understanding and working to combat stigma
- Ensuring continuity of care for patients who are admitted to medical units, incarcerated, etc.
- Liaising with justice system and substance use resources on behalf of patients
- Improving awareness of and collaborating with community partners

-Developing awareness of where ACT fits into a larger framework of caring for people with severe mental illness and working to render this system efficient

**F. Scholar**

In this fellowship, fellows will enhance their scholarship skills by:

- Continually reviewing literature and treatment approaches; applying best practices
- Assisting in the teaching of medical students and possibly residents
- Providing psychoeducation and medical support to community partners.
- Preparing a literature review or Grand Rounds presentation

**G. Professional**

In this fellowship, fellows are likely to be exposed to ethical challenges, such as balancing the rights of a patient with public safety, trying to provide care to people who are not apt to consent to treatment and breaching confidentiality in dangerous situations. They will also be called on to care for people who are highly stigmatized and disadvantaged, while employing compassion and creativity.

**References**

- (1) **Sood, I and Owen, A. A 10-year service evaluation of an assertive community treatment team: trends in hospital bed use.** Journal of Mental Health 23(6) 2014
- (2) Stein, L and Santos, A. Assertive Community Treatment of Persons with Severe Mental Illness. New York: WW Norton and Co. 1998.