

Minnesota Department of **Human Services**

 **ASSERTIVE**

 **COMMUNITY**

 **TREATMENT**

Adult Mental Health Division

Monday, May 12, 2003

by

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A vital ingredient of psychiatric rehabilitation is the **rehabilitation relationship**..it is impossible to define, research, and dissect this relationship fully, and that is as it should be, for there is a "magic" here. Yet this relationship is also the glue of rehabilitation. Therefore, we need to examine it as closely as we are able, to tease apart its texture and differentiate it from other therapeutic relationships.

(Horowitz, Farrell, Foreman & Dincin, 1995)



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Clients in 6 assertive community treatment (ACT) programs described features they liked best about ACT...Although ACT services differ in many ways from traditional counseling or psychotherapy, client-identified best aspects of ACT focused more strongly on features of the helping relationship that have been found to be important for counseling in general.

(Excerpted from McGrew, Wilson, & Bond; "Client Perspectives on Helpful Ingredients of Assertive Community Treatment")



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First and foremost, staff must deliver the goods: that is, they must not make promises they are not going to keep.

(Horowitz, Farrell, Foreman & Dincin, 1995)



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## Thresholds Bridge Model



1. The program targets its service delivery to those persons who need the most attention.
2. The program is designed explicitly to prevent hospitalization and homelessness.
3. The program staff-to-member ratio is high enough to permit the direct provision of most services, not merely the brokering of services rendered by others.
4. The program concentrates on improving the quality of people's everyday lives.

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5. The program is willing to take ultimate professional responsibility for its members.
6. The program provides assertive advocacy on the members' behalf
7. The program includes measures to prevent the emergence of crises.
8. Most of the program's face-to-face interventions occur in the homes or neighborhoods of the member.
9. The program makes heavy use of staff teamwork, de-emphasizing the use of individual caseloads.
10. The program involves its members in all aspects of the community support process.

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11. The program involves families in all aspects of the community support process.

12. The program offers its services on a time-unlimited basis.

(From Witheridge, 1991: Active Ingredients of Assertive Outreach)

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### Tasks Which Are Informally Rotated or Shared By Thresholds Bridge Staff



1. Member Visits
2. Treatment plan Development
3. Telephone Response
4. Crisis Intervention
5. Clean-up duty
6. Agency generated paperwork
7. Camp
8. Member picnics
9. Staff Retreats

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### Tasks Which Are Formally Rotated on A Thresholds Bridge Outreach Team



1. Daily Scheduling
2. Representative payee duties
3. On-Call Status
4. Hospital Liaison Duties
5. Doctor's Clinic & Transportation
6. Go-for Duties  
(bank runs, pharmacy, pick-ups, etc.)

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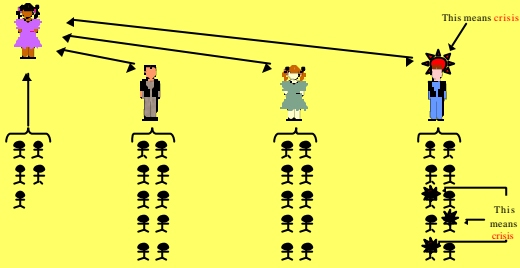
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# Individual Caseload Scenario

Teamleader + 3 caseworkers with individual member assignments



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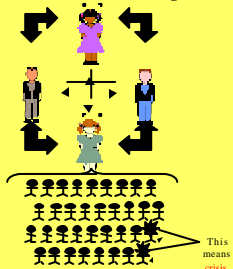
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# Team Caseload Scenario

Teamleader + 3 caseworkers sharing 35 members



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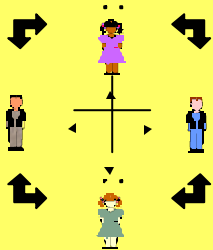
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# Team Communication / Supervision



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