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Perspectives on the Role of the Social Worker on Assertive Community Treatment Teams

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Assertive Community Treatment Teams

Submitted by Barb Cooley
April 2011

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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**ST. CATHERINE UNIVERSITY AND
THE UNIVERSITY OF ST. THOMAS
MSW PROGRAM**

**Perspectives on the role of the Social worker on
Assertive Community Treatment Teams**

by Barb Cooley

Abstract

This exploratory qualitative study focused on the perceptions of the social worker role on Assertive Community Treatment (ACT) teams. Four professional ACT team members participated in a Qualtrics survey. The four themes that emerged from the surveys follow: 1) interpretation of the social worker role; 2) role clarification of the different ACT team members; 3) overlapping roles of the ACT team members; and 4) actions to help role clarification. Research is needed to further clarify the different roles that the social worker plays on the ACT teams. Implications for social work practice include the importance of understanding the role that the social worker plays on the ACT teams and how this role is coordinated with other ACT team members. This description of the social worker role, as described by the survey participants, can be evaluated by social workers in a variety of settings. This serves as a valuable tool to help clarify their roles within their agencies.

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Introduction

There is growing interest from mental health care professionals regarding a comprehensive community-based model for delivering treatment, support, and rehabilitation services to individuals with severe mental illness. One such model is referred to as Assertive Community Treatment (ACT) (Phillips, Burns, & Edgar, 2001). The ACT model is appropriate for individuals with the most severe mental illness and the greatest level of functional impairment. These clients are frequently placed in hospital psychiatric units and they usually have a very poor quality of life (Torrey, Drake, & Dixon, 2001).

There is little information written to clarify the role and responsibilities of the ACT team leader. Yet, the team leader role is essential to the success of the ACT team's services (Studer, & Burist). Differences among team members about what client issues to address, how responses should be prioritized, and which team member should respond may lead to ineffective and fragmented services. A lack of effective communication and poor coordination of mental health services among team members have been cited as the most important reasons for the failure of effective community care (Singh, 2000).

Research has shown this ACT model to be no more expensive than other types of community treatment, and the service is rated quite positive among consumers. Research shows that compared with other treatment models, such as case management or clinical case management, the ACT model results in a greater reduction in psychiatric hospitalization and in a higher level of housing stability (Phillips, 2001). The effect of ACT on client quality-of-life and on social functioning is similar to those effects produced by other treatment programs.

Additionally, other studies have shown a reduced level of substance abuse among those individuals who are clients of the ACT programs (Drake, Goldman, & Leff, 2001).

Cost analysis has shown that ACT programs are cost-effective for clients who have had frequent psychiatric hospitalizations. This program may also prove to be more cost-effective for individuals with co-occurring substance use disorders. A co-occurring disorder is defined as the presence of two or more disorders. For example, a person may suffer from substance abuse and a bipolar disorder (Charney, Paraherakis, & Gill, 2001).

Today, ACT programs have been implemented in 35 states in the U.S. and in the countries of Canada, England, Sweden and Australia. These programs operate in both urban and rural settings. Some of the programs provide outreach services to homeless persons or target veterans with severe mental illness. Other programs focus on co-occurring substance use disorders or employment. Some include clients and family members as active members of the ACT teams (McGraw, Larson, Foster, Kresky, Botelho, Elstad, Stefance, & Tsemberis, 2009)

Research also shows that successful implementation of the ACT program requires a leadership capable of promoting innovation, adequate financing, administrative rules and regulations that support the program; practitioners who have the skills to provide the services; and a means of getting ongoing feedback about the program (National Implementation Research Network, 2009).

Integration of Services

Most areas of the social service delivery system are fragmented with different agencies and programs responsible for different areas of the patient's care with brokered case management. ACT services are an example of an integrative approach to service delivery. Advantages of the integrated approach over the brokered case management approach are well documented (Bond, Drake, Mueser, & Latimer, 2001). These advantages include that the entire team has responsibility for the patient's welfare, and that each team member contributes their expertise. By contrast, patients with individual case managers may experience discontinuity in their therapeutic relationship (Bond, et al., 2001). Historically, the brokerage case management approach was staffed by minimally-trained individuals who assumed a relatively sedentary approach to helping consumers meet their needs. Today the majority of ACT team social workers are very well qualified with a bachelors or masters degree in social work. These clinical ACT team members are usually professionally trained and are very adept at psycho social interventions (Rosen, et al., 2007).

Care for the mentally ill has changed from institutional to community focused care. The essential characteristics of ACT teams are the use of low case loads (10:1 ratio), integrated approaches, 24-hr availability, team autonomy, and psychiatric consultation (Adaobi, et al., 2005). Some ACT teams include a clinical director. The role of the clinical director is to review the intake assessment form and to review the report format. This individual also meets regularly with various service agencies to communicate the ACT team's mission. The role also includes facilitating a more open process in treatment planning which incorporates patients'

opinions and wishes. The clinical director role requires initiative, creativity, medical expertise, research experience, and experience providing supported employment. Other factors are continuity of staff, clear objectives, dual diagnosis treatment groups, and no time-limit on the services (Torrey, et al., 2001).

Literature Review

Assertive Community Treatment is an intensive and integrated approach for community mental health service delivery. ACT programs serve people who have mental illness symptoms that interfere with their ability to function on a daily basis. These individuals often need goals in several areas of life such as employment, friendships, living independently, and managing medical and psychological needs (Phillips, Burns, Mueser, Linkins, Rosenbeck, Drake, & McDonel, 2011). A multidisciplinary team of professionals serve patients in their homes instead of in clinic settings. Many of these patients are at high risk for hospitalization. ACT teams have a holistic approach to service delivery; this concept differs conceptually from service delivery under traditional case management (Bond, Drake, Mueser, & Latimer, 2001).

Service Description: The ACT program utilizes the following components:

- Focusing on those clients who need the most help to live in the community;
- Promoting independence, rehabilitation, and recovery, with the hope of preventing homelessness and hospitalization;
- Providing interventions in the person's home thus eliminating the need to transfer learned behaviors from an artificial office environment to the real world;

- A participant to staff ratio that is low enough to allow the ACT team to address core issues;
- A total team approach where all of the staff work with the program participants under the supervision of a qualified mental health professional;
- An interdisciplinary assessment that involves a psychiatrist, a social worker, a substance abuse specialist, an occupational therapist, a vocational therapist, and a certified peer specialist;
- A conscious effort by the team to help people avoid crisis situations and, if a crisis does occur, to intervene in a timely manner to avoid hospitalization if possible; and
- A commitment to work with people on a time un-limited basis, as long as the client needs the services (Torrey, Drake, & Dixon, 2001).

The ACT members provide the following services:

- Rehabilitation approach to daily living skills;
- Crisis management;
- Counseling and psycho education with family and extended family;
- Coordination with family service agencies;
- Assistance with finding volunteer and vocational opportunities;
- Providing preventive health education;
- Medication management;
- Housing assistance;
- Financial management; and

- Counseling.

Scope of ACT Services

ACT is considered a medically-monitored non-residential service. There are six levels of ACT services. Level one provides treatment to clients who need minimal support. These clients are either living independently or they have achieved significant recovery from past illnesses. Levels four and five care refer to treatment which can involve hospitalization, and residential placement. Level six is the most intense level of care in this continuum, typically requiring hospitalization and admission to a residential program. Treatment levels four, five and six involve intensive management by the entire multidisciplinary team (Drake, Goldman, & Leff, 2001). The ACT program serves individuals who have been hospitalized at least twice within a one year period, in residential treatment for more than 6 months, civilly committed within the past three years, treated by a crisis team at least twice in the past two years, or has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder that significantly impairs the person's functioning ability. The other descriptive factor is that a mental health professional has determined that the individual is likely to continue needing multiple hospitalizations, or stays in residential treatment (Mental Health Legislative Network, 2007).

Individuals with serious and persistent mental illness receive health coverage from the following sources: private insurance which is provided through an employer or an individual/family plan, Medical Assistance where individuals must be either disabled or have an income at or below 75% of the federal poverty level (\$8,000 for a single person), or Minnesota

Care health coverage (MCHA) for low income individuals (low income defined as \$10,000 or less per year). MCHA is Minnesota's high-risk pool for people with pre-existing conditions or those who have been denied health care coverage. The vast majority of ACT clients are on Medical Assistance, which supports the community based model (Mental Health Legislative Network, 2007). During 2009, the number of individuals that used community based mental health services was 23,945 (Department of Human Services, 2009).

Early Development

ACT was first developed in the early 1970's when large numbers of people were being discharged from the state hospitals. The founder of this approach was Leonard Stein, MD. This type of intervention was seen as radical when it was first developed. It has now evolved into one of the most beneficial service delivery systems in community mental health. The original project received the American Psychiatric Association's Gold Award in 1974. The model was developed to successfully integrate previous state hospital clients into the community and to prevent the need for hospitalization. In the early 1980's, the program focused on young adults with early-stage schizophrenia (Phillips, et al., 2011).

Implementation of ACT

Since the late 1970's the ACT program has been replicated or adapted by many different agencies. In 1978, Chicago, Illinois became the first big city to adapt the ACT program at their Bridge Program Psychosocial Rehabilitation Center. The Center's focus was on individuals who were most frequently hospitalized for their mental illness. In the late 1980's and 1990's, they further adapted their approach to serve deaf people with mental illness, homeless people with

mental illness, people experiencing psychiatric crises, and people with mental illness who had been inappropriately jailed. Besides Illinois, some of the other states that have utilized the ACT model include Wisconsin (Madison Model), Delaware, Florida, Georgia, Idaho, Minnesota, and Michigan (Goldman, Ganju, & Drake, 2001).

Funding

Most of the early ACT programs were funded by federal, state, and local grants. The Act programs are now funded through Medicaid, and other publicly supportive health insurance programs. Medicaid funding has been used for ACT programs starting in the late 1980's (Goldman, et al., 2001). State budget cuts which started in the early 1990's, impacted patients' access to ACT programs. ACT is recognized as an effective treatment option, especially for patients with severe and persistent mental illness (Bond, Drake, Mueser, & Latimer, 2001).

The cost of the ACT team services is \$191.00 per day, compared with the cost of a regional treatment center \$982.00 a day, community behavioral health hospitals \$1,121.00 per day, and inpatient psychiatric hospitals \$2,472.00 per day (DHS report, 2009).

Research on ACT

ACT programs are among the most widely and intensively studied interventions in community mental health. A well-known researcher in the field, Gary Bond, PhD, has completed several studies at the Thresholds Program in Chicago. He has also developed a major research program in psychiatric rehabilitation at Indiana University. He and his colleagues have

attempted to consolidate and integrate several major areas of ACT program implementation.

These areas include the following:

- Reviewing the different ACT program modifications through the years and maximizing their effectiveness for individuals recovering from co-occurring psychiatric and substance use disorders;
- Reviewing the different styles of ACT program implementation; and
- Looking at how the ACT program can help individuals take charge of their own illness management and recovery process (Goldman, et al., 2001).

The ACT service model has been the focus of more than 25 randomized controlled trials. Research has shown that this model is effective in reducing hospitalizations, is no more expensive than traditional mental health care, and is more satisfactory to consumers and to their family members. Despite this evidence of support, the ACT programs are currently underutilized by both the service providers and by those consumers who would benefit by these services (Goldman, et al., 2001). Following are some reasons that the ACT programs are underutilized:

- There is a lack of commitment from all levels of government to fund the ACT programs;
- There were concerns that the Medical Assistance program was trying to medicalize mental health services;
- The priority services for individuals with severe mental illness were not included in new health service initiatives;
- Most health plans had little experience with services for the severe mentally ill;

- Most health plans did not realize the depth of services that people with severe mental health illness need; and
- The health plans were also unrealistic about the time limits put on ACT services.

Another obstacle for ACT is that persuading people with severe mental illness to use services is often very difficult (Flannigan & Koropchak, 2007).

ACT/Evidence-based Practice

The ACT model has been recognized by the United States federal government's Substance Abuse and Mental Health Services Administration (SAMHSA), the Robert Wood Johnson Foundation, the National Alliance on Mental Illness, and the Commission on Accreditation of Rehabilitation Facilities, as an evidence-based practice (Torrey, et al., 2001).

The evidence in support of the ACT model is not without its limitations. The ACT's effectiveness as a jail diversion program has not been established. There is speculation that it is less effective than conventional treatment for individuals diagnosed with a personality disorder. Also its effectiveness with individuals from different ethnic groups has not been empirically established (Torrey, et al., 2001). There are some concerns whether it is feasible with current budget cuts to have a large-scale organization of community health services, with high-fidelity ACT guidelines (McGraw, et al., 2009).

Extensive empirical research demonstrates that several pharmacological and psychosocial interventions are effective in improving the lives of persons with severe mental

illnesses. Yet these practices are not routinely offered in mental health practice settings. Referrals to community services for the mentally ill are often lacking (Torrey, et al., 2001).

Numerous recent reviews of the research evidence identify a set of core interventions that can help persons with severe mental illness obtain a better quality of life. The core set includes medication management, training in illness self-management, family psycho-education, and treatment for co-occurring substance use disorder (Torrey, et al., 2001).

ACT programs use a Dartmouth Assertive Community Treatment (DACTS) fidelity scale to demonstrate that their interventions have been implemented according to the defining principles of the program. Key components of the program include regular home visits, higher percentage of contacts at home, smaller case loads, responsibility for health and social needs, multidisciplinary team work, and psychiatric consultation. The quality of the relationship between the ACT team members and the patient is critical to quality patient care. ACT case management is currently one of the most effective systematic methods of clinical service delivery in psychiatry (Rosen, Franz, Mueser, & Teeson, 2007).

Case Management Services

An effective case management service requires close collaboration with other members of the team. Team members need clear operating procedures, respect for each other, and open communication. Further research is required to identify how best to bring about collaborative, effective team work in mental health care. Skills required to work effectively as a team are seldom addressed. Other factors that impact team cohesion are personality clashes, inter-professional tension, and a lack of role clarity. Difficulties need to be acknowledged and

explored so resolution can happen. Team members need to agree on referrals, regular team meetings, discussion about following policies, and keeping up with day-to-day client issues. At times there is resentment when the consulting psychiatrist overrides other team members' recommendations (Simpson, Alan). Agreement on referral criteria promotes collaborative team work. A focused team approach with greater availability of crisis intervention services is a strong characteristic of the ACT teams (Jones, 2002).

Future of ACT

It was much easier to demonstrate the cost-effectiveness of the ACT programs back in the 1970's when psychiatric hospital beds were utilized much more than they are today. In the future, ACT programs will have to demonstrate the validity of their programs by using rigorous outcome evaluation. The populations where ACT has been very beneficial are: individuals with severe psychiatric problems, immigrants from foreign countries with serious mental illness; and children, adolescents, and adults who suffer from persistent mental illness (Goldman, et al., 2001).

One important statistic that needs to be addressed in the mental health field is that people with serious mental illness are dying an average of 25-years earlier than the general public, often as a result of disorders that are treatable. Another important consideration for ACT program design is using ACT in combination with other established interventions. These interventions include integrated dual diagnosis treatment; supported employment; family psycho-education; and dialectical behavior therapy (Drake, Goldman, & Leff, 2001).

Conceptual Framework

Systems Theory is the model that will be used in this research study to explore the Move this paragraph under Conceptual Framework relationship of different professionals' roles on the ACT team. This exploration includes the role of the social worker. System Theory focuses on the arrangement and relations between the parts which connect the whole (Heylighen, 1999). The ACT team consists of a group of professionals who strive to help their clients cope with their mental illness. Systems Theory can be applied to explore how this team interacts with each other. Clarification of roles and the team dynamics can also be examined using Systems Theory (Flammond, 2011).

In response to the increasing fragmentation and duplication of scientific and technological research, Ludwig Von Bertalanffy, a biologist advanced the concept of systems theory. He focused on viewing the world from the framework of an organization. He considered the principles of organization to be involved at various levels. Bertalanffy defined his theory as follows: there is a tendency towards an integration of natural and social science, this integration seems to be centered in a general theory of systems, this theory may be important for identifying an exact theory in the non-physical field of science. The theory promotes a much needed integration in scientific education. System theory promotes a model to understand the complexity in human relationships (Jordon, & Priori, 1998).

Social workers were attracted to the systems perspective in the 1960's, as they shifted from a psychiatric model to an increased focus on the environment. In the system perspective, the structure of roles is an important factor in maintaining systems balance. There was an

increase in the use of systems perspective in the 1970's; however, by the end of the decade, there was growing dissatisfaction among social workers. The reasons were because the theory seemed too abstract, and the focus on stability seemed too conservative for a profession devoted to social change. During the 1980's there were some social work scholars who worked on developing ecological and dynamic systems approaches. Ecological theory addresses the relationship between organisms and their environment. Dynamics system approach focuses on patterns of psychological development over a period of time. Chaos theory, which focuses on system processes that produce change, even sudden radical change, came to light during the 1990's (Hutchinson, 2010).

The major components of systems theory are as follows: all systems impact their environment and the systems are affected by their environment, this is based on the assumption of feedback; all systems have a form of feedback in their operations; when a system receives feedback, it can utilize the feedback to make a change, or the feedback may be ignored; understanding human behavior is only possible by understanding the system with which its members are involved; and the holistic approach looks at the entire system and how it's members interact. All parts of the system are interconnected. Feedback is an assumption of systems theory. The system makes changes based on the feedback it receives. When the organization receives feedback that promotes beneficial changes, this is known as positive feedback. Negative feedback can maintain the status quo and limit change (Klein & White, 1996).

In systems theory, the core concepts follow. Interdependence which means that all parts of a system are interconnected and if one part changes, the other parts change in some form. When a system change occurs, other systems in the environment are affected.

Wholeness: the whole is greater than the sum of its parts. One must view the entire system in order to understand the dynamics of a team or organization. Multiple levels of a system: for example, an organization is part of a larger system such as a community, a state, and a nation. All of the systems are interrelated and make an impact on each other. Homeostasis: systems are often resistant to change as change can be very difficult for organizations to cope with (Klein & White, 1996).

In the system perspective, the structure of roles is an important factor in maintaining system balance. Role is defined as the typical behaviors of persons occupying a certain position within a family or organization. It is important that professionals working together on a team have a good understanding of each other's roles. Team members will have different perspectives and job responsibilities on the team. Teams that have a clear understanding of their roles and responsibilities possess the following characteristics:

- Clear and motivating goals;
- structured in a way that facilitates goal accomplishment;
- right mix of professionals;
- collaborative and respectful work environment;
- high performance standards;
- good organizational support; and

- Effective leadership.

Social workers often are appointed to leadership positions of their team. Informal leadership roles may also emerge for social workers and other team members on interdisciplinary teams (Hutchinson, 2010).

One of the criticisms of system theory is that it is a model and not a theory. Some believe that the concepts in system theory are more methodological than theoretical. Systems theorists do not necessarily follow traditional rules of science. They take a constructive viewpoint that different models can be used to explain different phenomenon. Systems theory appears to offer a solid basis for understanding individual behaviors. Some critics believe that systems theory is too general to be applied to the study of individuals (Walsh, 1993).

Systems Theory is valuable to the study of the social workers role on the ACT team because it provides a model to identify, define, and address problems with role clarification. Once the dynamics and roles are clarified, then positive change can be developed to achieve better coordination of mental health services. This model provides a framework for understanding how individual team members relate to each other (Flammond, 2011).

Social workers can perform a variety of different roles. These could range from policy advisors to mental health professionals. What brings a team together is the core belief that the member's services can improve the quality of life for the clients they serve. Applied System Theory helps social workers understand the dynamic relationship between individuals, families, institutions, and society. Increasing the understanding of their roles can have a positive impact on the organization/system in which they are participating.

Methods

This exploratory study strives to answer the following research question: What are the perceptions of ACT team members of the social work role on the ACT Team? The ACT teams consist of a variety of professionals which include physicians, nurses, physical therapists, occupational therapists, and social workers. Although there have been many studies done on the ACT teams, very few studies focused on the teams' perspective of the social worker role. Understanding the teams' perspective on this role will improve coordination of services for the clients. The social worker often plays a key role in facilitating ACT team meetings, and in monitoring the care plans for the clients.

This study explored the following questions in the research survey:

1. Please describe your role on the ACT Team?
2. What do you see as the function of the social worker on this team?
3. How do members clarify their roles on the team?
4. Where do roles overlap?
5. What actions can be taken to clarify roles on the team?

Research Design

The research for this study was conducted by using a qualitative research design. A qualitative data analysis was selected due to the exploratory nature of the content. Qualitative survey questions were developed to explore the perceptions of the social worker's role on the ACT teams. The survey includes five open ended questions, which are documented in the

Qualtrics Survey Software. The set of questions were pre-determined by the researcher and listed in a prearranged order. The survey took approximately 20 minutes to complete and took place at a location convenient to the participant.

Sample

Participants in this study consisted of professionals from ACT teams who volunteered to participate in the study. Potential participants were selected because of their role on ACT teams. These potential participants were given an opportunity to respond to a flyer which was dispersed from Ramsey County ACT team leadership.

The sample of participants for this study included 3 social workers (n=3) and 1 psychiatrist (n=1). The participants were employed by ACT teams in Ramsey County, Minnesota.

Protection of Human Participants

The researcher pursued St. Catherine University's Institutional Review Board approval at the level of an expedited review. This type of review was pursued because of the minimal risk this research poses to the participants. An application was sent to the Institutional Review Board (IRB) at the St. Catherine University for approval of the research study and the involvement of human subjects as participants. The collection of data and participant recruitment did not begin until after the study was approved and finalized by the IRB committee.

Recruitment Process

Permission to recruit participants from the Ramsey County Act team members was granted from the supervisor of the department. The supervisor agreed to sign a consent form acknowledging her participation in the recruitment process, and she agreed to forward the research flyer to members of the ACT teams.

Informed Consent

Each participant received information regarding the informed consent form. This information was on the email which introduced possible participants to the study. Since the study was conducted using the Qualtrics Survey Tool, consent is implied when the participant completed the survey tool.

Confidentiality

Information obtained through this survey was anonymous; results to the survey are stored in Qualtrics Survey Software and kept completely anonymous. Information obtained will be reported in a group format and no identifying information will be reported.

Non-coercion

Provisions were made to minimize the possibility of coercion among the participant sample. The email sent to potential study participants explained that the study is completely voluntary and anonymous. Participants were also informed that they could skip any questions they did not feel comfortable answering, and that they could elect to not complete the survey. The researcher of this study did not personally contact any of the possible participants. The supervisor of the ACT teams forwarded the study email, and individuals that agreed to participate in the study followed guidelines in the email to access the survey.

Data Collection

The Qualtrics Survey Software tool was utilized to obtain the survey data. This survey tool allows the researcher to design an on line survey instrument to distribute and collect data.

The questions were structured to provide the respondents an opportunity to provide information on team members' roles within the ACT team. The method of emails generated the participants for the study. These participants completed the five question Qualtrics survey on-line via a supplied Web link.

Measurement

The measurement used for this research study was an on-line survey consisting of five questions. The qualitative research questions were designed by the primary researcher, and were based on the literature review. These questions had moderate reliability. This is due to the pre-determined nature of the questions. The researcher conducted content analysis by looking for major themes or patterns in the data. These themes and patterns were then broken down to sub-theme categories. The answers to the survey questions were coded and analyzed for themes by using grounded theory techniques.

Findings

This study sought to explore the role of the social worker in the Assertive Community Treatment Teams (ACT). Four professionals completed the survey. Their roles were as follows: three participants were social workers (one of whom also served as a team leader) and one was a psychiatrist. The findings of this exploratory study identified that the social worker participates in a variety of roles. The first theme focused on the interpretation of the social worker role. There was consistently an interpretation that the social worker provides vocational resources, helps individuals identify their goals, complete assessments that contributes to the

ACT treatment plan, teaches skills for improve functioning, provides coordination of care, and provides education for mental and physical well being.

The second theme was role clarification. The respondents in the survey indicated that clarification regarding the roles of ACT team members usually takes place during team meetings. Treatment decisions are discussed and the team leader often facilitates these discussions. The team leader often provides role clarification by referencing the individual's treatment plan and facilitating a discussion of responsibilities for follow through.

The third theme was role overlap. Definite overlapping of roles was identified by all survey respondents. Statements were made such as "Everyone is taught to play multiple roles". Social workers have duties that involve monitoring physical health, and Registered Nurses often do case management. All of the ACT team members provide coaching and support to clients. Nurses sometimes help with looking for housing, and social workers often help coordinate medical and dental care.

The fourth theme was actions to further clarify roles. Survey participants identified that, through cross training, professionals of the ACT team gain a better understanding of the roles that other team members play. The tool they identified using is the client treatment plan.

Social work roles

One of the major themes that emerged from this data is that there was an extensive list of responsibilities identified for the social worker role. Survey participants reported that social

workers are often described as case managers, and this role isn't always clearly defined. The survey participants identified the following major responsibilities:

- Providing vocational resources
- Assisting client with the development of individual goals
- Coordinating the development of the treatment plan
- Coordinating medical and dental care
- Teaching skills for improved client functioning
- Providing therapy
- Coordinating the follow through of the treatment plan

Survey participants described the social work role on the ACT team as being very versatile. One respondent described the social worker as needing to be a generalist, thus having knowledge in many different areas of the treatment process.

Role clarification

All of the respondents identified the treatment plan as an important document to reference regarding the team's responsibilities. Respondents shared that clarification of roles and troubleshooting takes place at the team meetings. Some ACT teams meet as frequently as once a week, others meet daily. The team leader is described in the study results as being a key leader to facilitate any role clarification that is needed. The team leader often serves as the clinical supervisor on the ACT teams. Input from survey participant: "Our ACT team has primaries that work with clients though all will see clients intermittently, the role of the primary

is generally understood to be the lead in working with clients. Roles appear to be implicitly understood.”

Overlapping roles

Study participants reported overlapping roles between the social workers and nurses. For example, the social worker is required to be knowledgeable regarding the primary care needs of the clients and nurses often do case management, in addition to the social worker. Social workers have duties that involve monitoring physical health, as well as the nurses. All of the members of the ACT team members coach and provide emotional support to the clients. Everyone of the ACT team is taught to play multiple roles, as long as the roles are not in conflict with their licensing criteria.

Action needed to support the clarification of roles

The final theme for this study is the action needed to support the clarification of roles. The treatment plan serves as an important document to clarify the roles and responsibilities of the ACT team members. Cross training also promotes a better understanding of the different roles professionals play on the ACT team. One respondent identified it would be helpful to have a process for managing the development of the treatment plan when there are differences among team members.

Discussion

The data from this study suggests that the social worker’s role on the ACT team is very diverse. The purpose of this research was to explore the interpretations of the social worker

role in Assertive Community Treatment Teams. The study also explored how professional's roles overlap on the ACT teams, and what the process is for clarifying these roles. And lastly the study sought to explore what actions can be taken to provide role clarification on the ACT teams. Four themes emerged from the findings. Through the literature and findings in this study, it is apparent that social workers play a major role regarding the assessment, and treatment plan process on ACT teams.

The study suggests that action needed to support the clarification of roles is an ongoing discussion in team meetings, and during supervisory sessions.

Clients on the ACT teams often need goals in several areas of their lives. These areas include employment friendship, living independently, managing psychological needs (Torey et al 2001). In both the literature and the findings, there is consistency that the social worker has an active role in assisting clients with this goal setting process. Case management services require close collaboration with other team members. A focused team approach where members have clear goals and work within a structure that facilitates goal accomplishment or concepts identified both in the literature and in the findings from study participants (Hutchinson, 2010). Study participants indicated that there was often overlap in their roles and this concept was not identified in the literature.

Implications for Social Work Practice

The findings of this current study pose a variety of implications for social work practice. Social workers employed on ACT teams fulfill a variety of roles. They play an important role in the assessment process, and also a key role in coordinating the treatment plan outcomes.

Social workers are often referred to as case managers, although this role is not always defined. The social workers tasks defined in this study help create a definition for case management that can be applied to social work roles in many different settings.

Another implication from this study is that the social work role often overlaps with other professionals on the ACT team. Especially in the area of providing coaching and emotional support to clients, there is significant overlap in the team roles. The team leader plays a key role in helping the social worker define their role with the client. The treatment plan also serves as a guide to help define the professional roles. Clarification is often provided at team meetings, and during informal conversations. This concept of ongoing discussions and clear documentation regarding the social worker's role can be applied in other human service settings.

Although this study allowed for an increased understanding of the social worker role, further research is needed in this area.

Strengths and Limitations of Research

A major strength of this research is the opportunity to clarify the social worker's role on the ACT team. Participants in this study provided a variety of perspectives on the social work role, depending on their contact and association with this role. Another strength of the study is that members of professional teams often do not have the opportunity to reflect on their roles.

Although there are strengths related to this study, there are also limitations that need to be noted. Because the survey consists of only five questions, this presents a possible

restriction to the amount of information that participants may want to share on the research topic. Also, the limited number of participants (n=4) limits the ability of the researcher to generalize about the results compared to the larger population of ACT team participants.

Recommendations for Future Research

Future research is needed to further explore the perceptions of the social work role on the Assertive Community Treatment Teams. Social workers appear to play a critical role on these teams, and gaining additional information can better clarify the focus of the social worker role. Interviews with a larger variety of ACT team professionals would broaden the perspective of the social worker role. Also interviewing these professionals would provide more specific information regarding their perceptions of the social worker role.

Inviting a larger number of agencies to participate in the study would increase the opportunity to interview more participants. Also including ACT team members in the study from a larger geographical area would provide a broader perspective on the social work role.

Conclusion

Three social workers, one of whom also served as a team leader and a psychiatrist provided their perspectives in this exploratory study regarding the role of the social worker on the ACT teams. The findings of this study identified many roles that the social worker plays on the team. Social workers on the ACT teams play a critical role in coordinating the services for the clients. Client treatment plans have many components, and when there is a clear understanding of the professional's roles, services to the client are greatly enhanced.

Respective agencies often use their social workers as case managers without providing a clear definition of that role. This study identified key roles that the social worker plays on an ACT team. These role definitions can also be applicable to the social worker role in other human service settings.

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Appendix A

Assertive Community Action Teams (ACT)

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the perceptions of the social work role on Assertive Community Action Teams. This study is being conducted by Barb Cooley, student in the Masters of Social Work Program at St. Catherine University & University of St. Thomas. You were selected as a possible participant in this research because you are a professional member of an ACT team. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this study is to explore the perception of the social worker's role on the ACT team. Approximately 9 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to complete a five question survey from the Qualtrics Survey Instrument. Participants will have access to the survey through the Qualtrics Survey Instrument. Participants will have access to a flyer at their work environment that will include the investigators email. The participants will be invited to participate in the survey by leadership personnel. The survey will take approximately 20 minutes to complete. There is just one survey to complete in this study.

Risks and Benefits:

This particular study has no known risks to the participant. The survey can be completed in the setting of choice. There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

We/I will keep the research results in a password-protected computer in my home and only the researcher named in this form and my advisor (Valandra) will have access to the records while we work on this project. We/I will finish analyzing the data by April 30, 2012. We/I will then destroy all original reports and identifying information that can be linked back to you by June 1, 2012

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University & University of St. Thomas. Participants taking the survey can refuse to answer any questions, if they choose. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and questions:

If you have any questions, please feel free to contact me, cool2413@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, (Vala0251@stthomas.edu) will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. By your voluntary response indicating that you chose to participate in the survey, consent is implied. You are not required to return a signed consent form.

Appendix B

Survey Questionnaire

This study will explore the following questions in the research survey:

1. Please describe your role on the ACT Team?
2. What do you see as the function of the social worker on this team?
3. How do members clarify their roles on the team?
4. Where do roles overlap?
5. What actions can be taken to clarify roles on the team?

Appendix C

Flyer to Prospective Participants
St. Catherine University/University of St. Thomas
School of Social Work
ACT Team Study

Dear Prospective Participants:

My name is Barb Cooley and I am a graduate student in the social work program at St. Catherine University/University of St. Thomas in St. Paul, Minnesota. I am currently conducting a research study exploring the perspective of Assertive Community Treatment (ACT) members on the role of social work on the ACT team. This research is important because when team members have a clear understanding of the social worker role; this impacts the quality of service that can be provided.

Your participation in this study is completely voluntary and anonymous in nature. You were selected as a potential participant in this study because of your role on the ACT team. If you choose to participate in this study, your involvement will entail answering a short survey that has 5 questions. The survey will be completed on line and should take approximately 20 minutes to complete. There are no risks or benefits to you for participating in this research study. The surveys will go out sometime in January 2012.

Information obtained through this survey will be anonymous; results to your survey will be stored in Qualtrics Survey Software and kept completely anonymous. Information obtained will be reported in a group format and no identifying information will be reported. If you have any questions or concerns as a result of your participation in this study, I would be happy to speak with you by phone or email. If you are willing to participate in this survey, please fill out the online questionnaire as soon as possible. Should you wish to withdraw your participation in this study, you may do so at any time.

I greatly appreciate your time and consideration of participation in this study. Please feel free to contact me at cool2413@stthomas.edu. This research project is in process of approval by the St. Thomas University Institutional Review Board. If interested, you may request further information on the study and results at a later date.

Thank you for your time and consideration of this study. Your participation is greatly appreciated.

Sincerely,

Barb Cooley

Appendix D

Agency Association Consent

January 7, 2012

To Whom It May Concern,

I am writing to acknowledge our agency's support of Barb Cooley's clinical research project: perspective of ACT team members on the role of the Social Worker on the ACT team. I/We understand that Barb is currently seeking a master's degree at the School of Social work at the College of St. Catherine and University of St. Thomas. It is our understanding that Barb is conducting a research study under the supervision of Valandra, a faculty member at the college of St. Catherine. Upon approval of the college of St. Catherine's Institutional Review Board (IRB), this letter will serve at the Ramsey County Human Services consent for Barb to contact Alyssa/Directors, or Supervisors via email or telephone for recruitment of participants for her study. The research flyer will be forwarded to potential participants by the Ramsey County ACT team supervisor.

Purpose and Procedure

I/We understand that the purpose of this exploratory study is: To explore the perceptions of ACT team members on the role of the social worker on the ACT team. This study will explore the different team perceptions, and the information will help clarify the role of the social worker on ACT teams. Clarity of roles promotes quality service to the clients, and promotes better team coordination of other team roles.

I/We understand that if individuals choose to participate they will be asked to complete an on line survey. The 5 question survey will take approximately 20 minutes to complete. It is my understanding that the survey will be completed in a quiet and private location at the choice of the participant.

Risks and Benefits

The study has no risks

There are no direct benefits to you for participating in this study.

Compensation

No compensation will be provided for participating.

Confidentiality

Information obtained through this survey will be anonymous; results to your survey will be stored in Qualtrics Survey Software and kept completely anonymous. Information obtained will be reported in a group format and no identifying information will be reported.

Voluntary Nature of the Study

I/We understand that participation in this study is completely voluntary and anonymous in nature. I/ We understand that my decision whether or not to participate will not affect my future relations with the College of St. Catherine, the University of St. Thomas, or the School of Social Work in any way.

_____ (signature)

Supervisor of the Ramsey County ACT Teams.

Appendix E

Email for Prospective Participants:

Attention Assertive Community Treatment (ACT) Team Members:

The purpose of this email is to provide you with an informational flyer regarding a research project that is being conducted by a St. Catherine University & University of St. Thomas Graduate of Social Work student, Barb Cooley. Barb is requesting ACT team members to voluntarily complete a Qualtrics Survey exploring the perceptions of ACT team members on the role of the social worker on the ACT team. If you are interested in participating, please see the attached flyer for instructions to access the Survey. If you know any fellow co-workers on the ACT team who may be interested in this study, please forward this email. Thank you so much for your time.

Sincerely,

Barb Cooley

Appendix F

ST. CATHERINE UNIVERSITY AND THE UNIVERSITY OF ST. THOMAS MSW PROGRAM

Perspectives on the role of the Social worker on Assertive Community Treatment Teams

by Barb Cooley

Committee Members
Valandra, PhD Candidate, LISW (Chair)
Mary Larson, MSW
Jennifer Kempenich, MA

Abstract

This exploratory qualitative study focused on the perceptions of the social worker role on Assertive Community Treatment (ACT) teams. Four professional ACT team members participated in a Qualtrics survey. The four themes that emerged from the surveys follow: 1) interpretation of the social worker role; 2) role clarification of the different ACT team members; 3) overlapping roles of the ACT team members; and 4) actions to help role clarification. Research is needed to further clarify the different roles that the social worker plays on the ACT teams. Implications for social work practice include the importance of understanding the role that the social worker plays on the ACT teams and how this role is coordinated with other ACT team members. This description of the social worker role, as described by the survey participants, can be evaluated by social workers in a variety of settings. This serves as a valuable tool to help clarify their roles within their agencies.

St. Catherine University and the University Of St. Thomas