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Enhancing the Effectiveness of Assertive Community Treatment for People of Color: Practice & Theory

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Enhancing the Effectiveness of Assertive Community Treatment

for People of Color: Practice & Theory

by

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Doctor of Social Work

Saint Catherine University | University of Saint
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Abstract

Disparities in mental health treatment have been well documented over the last 30 years. Assertive Community Treatment (ACT) is poised to be able to address these disparities for people experiencing severe mental illness if we ground practice (i.e., ACT) in theory (i.e., ecological perspective of social work). The ecological perspective pushes social workers and other practitioners to be critically aware of the complexities of humanity and be expansive in our outlook and approach to practice.

Product One was a systematic review focused on primary research that assessed the outcomes of the effectiveness of ACT with people of color who are experiencing severe mental illness. The purpose of conducting a systematic review was to establish a foundation of quality research that assessed the outcomes of ACT. From that body of knowledge, the question of ACT's effectiveness with people of color was then explored.

Product two was a conceptual paper that explored grounding ACT theoretically in the ecological perspective of social work to enhance its effectiveness in working with people of color. Grounding ACT services in the ecological perspective will enhance ACT teams' ability to provide care that meets the needs of *all* consumers, including consumers of color. The professional standards of holism, sensitivity to diversity, and strengths were used to analyze ACT services and the ecological perspective.

Product three explored the concepts of intersectionality, cultural humility, and power to operationalize the ecological perspective in practice. Practitioners who understand and operationalize these key concepts in their work are more aware and attentive to the concepts of adaptability, habitat and niche, life course, power, stress, and resilience. This enhanced

understanding aids practitioners in being attentive to the complexities of human dynamics that are impacted by race, ethnicity, and culture.

To effectively treat people experiencing severe mental illness, implications of their illness *and* identity must be considered. Inattentiveness to these factors will result in practitioners being less effective. Providing ACT services from an ecological perspective provides mental health practitioners with a framework for understanding *and* being critically aware of the consumer's unique lens and life experiences. This enables practitioners to be effective in addressing the needs of *all* consumers, including consumers of color.

Dedication

It takes a village to survive a doctoral program and this dissertation is dedicated to my beautiful and vast village. To my husband, Robbi Ratliff, who has unconditionally supported, encouraged, challenged, and loved me throughout my doctoral journey. To my daughter, Carmen Lynn Ratliff, you are my inspiration to always do better and be better. Wise beyond your six years, you supported study time and reminded mommy of play time; you bring balance to my life. To my parents, Geanine and Donoso Escobar, you are living examples of what it means to be humble, fierce, wise, and compassionate. This journey would not have been possible without your love, support, and example. To my amazing family - Roberto Escobar, Melissa Escobar, Shannon Johnson, Jenny Padgett, Tonny Ratliff, and Nicole George - your readiness to help care for Carmen Lynn over the last three years made this journey doable for Robbi and I and made it FUN for Carmen. To my dear friend and mentor Erlene Grise-Owens, there are not enough words to thank you. You are an inspiration for socially just social workers and social work educators. To my dear friend Mindy Eaves, we jumped in to the deep end together and now we are climbing out on the other-side together. I was honored to be on this journey with you my friend. To all my friends and family that encouraged and supported me I thank you. Finally, to my consumers. Thank you for sharing your lives with me. Thank you for trusting me to accompany you on your recovery journey. I continue to commit to enhancing my knowledge and skills as directed by you. You are the expert and I am the student, learning *from* you and *with* you always.

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Research affirming the disparities in mental health treatment for people of color compared to

their white counterparts has been well documented over the last 30 years (Acevedo et al., 2012;

Acevedo et al., 2015; Cuéllar & Paniagua, 2000; Culture, race, and ethnicity, 2001; Miranda,

Cook, & McGuire, 2007; Padgett, Patrick, Burns, & Schlesinger, 1994; U.S. Department of

Health and Human Services [USDHHS], 2013). People of color encounter disparities of access,

quality, and availability of mental health services (Culture, race, and ethnicity, 2001; Fiscella,

Franks, Doescher, & Saver, 2002). Miranda et al. (2007) found African-Americans and

Hispanics received less mental health services than their white counterparts. Padgett et al.

(1994) had similar finding in their study conducted in 1983. However, Padgett et al. (1994) went

a step further in their analysis and identified "cultural or attitudinal factors" (p. 222), among

others, as factors in the disparities. According to Giliberti (2016), the CEO of National Alliance

on Mental Illness (NAMI), African Americans and Latinos use mental health services at

approximately one half the rate of Caucasian Americans and Asian Americans utilize services at

one third the rate of Caucasians. Giliberti (2016) cites "racism, homophobia or other conscious

or unconscious biases, lack of access to services in the community, lack of cultural competence

in service delivery [and] stigma" (para 4) as some of the reasons for disparity. Giliberti (2016)

advocates for various strategies to address these disparities, including "vigorous outreach *beyond

clinical walls*," increased flexibility, and alternative treatment options.

People who experience severe mental illness need comprehensive treatment due to having

higher rates of: chronic health needs, institutionalization (i.e., hospitalization and/or

incarceration), homelessness, and premature mortality (NAMI, 2018; NIMH, 2017; Liu et al.,

2017). Assertive Community Treatment (ACT) is an evidence-based practice for people with

severe mental illness "who are most at -risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system" (Case Western Reserve University, n.d., para 1). ACT has been studied extensively across the world and demonstrated positive outcomes. ACT's approach to care for people with severe mental illness, in particular people of color, will be explored and analyzed in this dissertation.

ACT is a multidisciplinary community-based team that provides intensive treatment and psychosocial rehabilitation services in vivo (Galon, Wineman, & Grande, 2012; Stein & Santos, 1998; Yang et al., 2005). Core aspects of ACT are frequent and intensive contacts, small caseloads, and assertive outreach, all of which include case management, pharmacologic treatment, primary health care, housing services, vocational services, substance use treatment, and socialization (Galon et al., 2012; Horvitz-Lennon, Zhou, Normand, Alegria, & Thompson, 2011). This approach to care enables ACT teams to work with consumers to address health and wellness from a micro level (e.g., medication adherence, skill building, individual health, etc.), a mezzo level (e.g., social engagement, employment, social health, etc.), and a macro level (e.g., collaborating with hospitals and the criminal justice system, advocacy, socio-political health, etc.).

Mental health is not simply about biology and psychology. Cuéllar and Paniagua (2000) assert that education, economics, social structure, religion, and politics are inextricably linked. People who experience severe mental illness have complex needs and barriers. Add additional barriers that one faces as a person of color in our society, then the needs and barriers are exacerbated and compounded. Due to these complexities, treatment and recovery approaches need to be holistic, meaning that the individual and one's environmental needs must be addressed. ACT offers a holistic, recovery based, person centered approach to treatment. A

significant amount of research confirming the effectiveness of ACT in working with people with severe mental illness most at risk for incarceration or hospitalization has been conducted (e.g., Manuel et al., 2013; Morrissey, Domino, & Cuddeback, 2013; Phillips et al., 2001). However, research into the effectiveness of ACT when controlling for race and/or ethnicity has not been fully explored.

This banded dissertation focused on *enhancing* the effectiveness of ACT in working with people of color. The dissertation utilized three products: (1) a *systematic review* of the literature on the effectiveness of ACT with people of color; (2) a *conceptual paper* focused on grounding ACT in the ecological perspective of social work practice; and (3) a *conceptual paper* that discussed three key concepts to operationalize the ecological perspective in practice (i.e., ACT). To aid in framing the three products of this banded dissertation, the conceptual framework guiding this scholarship is explored.

Conceptual Framework

The ecological perspective is the conceptual framework that guided this banded dissertation. In social work practice theories guide our understanding of the person and the environment, how a person operates in daily life, and how practitioners combat oppression and empower (Forte, 2014). The ecological perspective provides an orientation for understanding people, their environment, and the nature of their transactions/their relationship (Ecological Perspective, 2003; Gitterman & Germain, 2008; Gitterman & Germain, 2013). In the ecological perspective, *one* is trying to cope with and improve one's *level of fit* in the environment by trying to adapt to the environment (Gitterman & Germain, 2008). This theory recognizes people have the capability to take action in the coping and improving process, while recognizing that there are factors beyond individual control, will, and desire that impact the outcome. Gitterman and

Germain (2008) described the environment as the physical and social settings within one's cultural context. Environments can support or harm growth and functioning due to "the conflict between different groups competing for resources" (Forte, 2014, p. 135). As a result, attention must be given to the impact of power within the environment; the relationship and the power within the relationship is multi-directional, recursive, and transactional (Forte, 2014; Gitterman & Germain, 2008; Gitterman & Germain, 2013). Key concepts of the ecological perspective as delineated by Gitterman and Germain (2013) - adaptability; habitat and niche; life course; power, powerlessness, and pollution; life stressors, stress, and coping; and resilience – aid practitioners in understanding the multi-directional, recursive, and transactional relationship between the individual and the individual's environment.

The ecological perspective pushes social workers and other practitioners to remember the complexities of humanity and to be expansive in our outlook and approach to practice. An expansive practice approach dismantles normative paradigms and develops frameworks that are responsive to one's unique needs (E. Grise-Owens, personal communication). The ecological perspective provides a framework for understanding the complexities of human dynamics and expanding practice approaches to effectively work with people of color.

Summary of Banded Dissertation Products

Enhancing the effectiveness of Assertive Community Treatment in working with people of color was the focus of this banded dissertation. The banded dissertation requires Doctor of Social Work Candidates to complete three scholarship products that are connected conceptually through theory, problem/topic, or population, and discuss the relationship between products to their leadership as social work practitioners. The three products developed were: a systematic review and two conceptual papers.

Product One, the systematic review, focused on primary research that assessed the outcomes

of the effectiveness of ACT for people of color who are experiencing a severe mental illness.

The purpose of conducting a systematic review was to establish a foundation of quality research

that assessed the outcomes of ACT. A cursory review of the literature revealed the rigor of some

studies were questionable (e.g., Morrissey, et al., 2013). ACT is an evidence-based practice for

adults with severe mental illness who have had multiple hospitalizations in the last two years

(Case Western Reserve University, n.d.; Ky. Rev. Stat. Ann. § 210.005(1), 2012). However,

some research assessing this evidence-based practice was doing so with populations who do not

meet criteria for ACT as an intervention. In other words, studies were assessing the efficacy of

ACT as an evidence-based treatment when it was not being delivered for the population with

which it was intended. The systematic review produced a quality body of knowledge that looked

at the efficacy of ACT as an evidence-based practice for its intended target population. From

that body of knowledge, the question of ACT's effectiveness with people of color was then

explored.

The first conceptual paper, Product Two, explored grounding Assertive Community

Treatment theoretically in the ecological perspective of social work to enhance its effectiveness

in working with people of color. People who experience severe mental illness have complex

needs and barriers. Add additional barriers that one faces as a person of color in our society,

then needs and barriers are compounded. Due to these complexities, treatment and recovery

approaches need to be holistic. ACT's multilevel approach to treatment – working with the

whole consumer to address health and wellness from a micro, mezzo, and macro level of practice

– is the initial step to treating the whole consumer, but it is not enough. Grounding interventions

(i.e., ACT services) in the ecological perspective will enhance ACT teams' ability to provide

care that meets the needs of *all* consumers, including consumers of color. This conceptual paper

analyzed ACT services and the ecological perspective from the lenses of the professional

standard of holism, professional standard of sensitivity to diversity, and professional standard of

strengths.

The second conceptual paper, Product Three, explored the concepts of intersectionality,

cultural humility, and power to operationalize the ecological perspective in practice. Racial

disparities in mental health services are widespread and have a significant impact on those

effected. Recent history has seen a growth in the awareness among mental health providers and

researchers about the impact of culture on treatment. As such, mental health providers need to

move away from an inclusive practice approach (i.e., bringing one in to existing paradigms) to an

expansive practice approach (i.e., dismantling normative paradigms and focusing on one's

unique needs). The conceptual ideas of intersectionality, cultural humility, and power aid

practitioners in operationalizing the ecological perspective. Practitioners who understand and

operationalize cultural humility, intersectionality, and power in their work are more aware and

attentive to the concepts of adaptability; habitat and niche; life course; power, powerlessness,

and pollution; life stressors, stress, coping; and resilience. This enhanced understanding aids

practitioners in being attentive to the complexities of human dynamics that are impacted by race,

ethnicity, and culture.

Discussion

Until the story of the hunt is told by the lion, the tale of the hunt will always glorify the

hunter (an Ewe-Mina, peoples from Benin, Ghana, and Togo, proverb). Until the story of the

hunt (e.g., the experience) is told *and* understood from the consumer, the tale of the hunt (e.g.,

experience) will always privilege the lens of the hunter (e.g., the practitioner).

Understanding human dynamics is complicated; an individual's identity is shaped by "individual characteristics, family dynamics, historical factors, and social and political contexts" (Daniel Tatum, 2000, p.9). Factor in implication for people who are experiencing mental health issues, then these complexities are compounded. In order to provide treatment for people experiencing mental health needs, one must consider the implications of their illness *and* their individual identity.

Over the last 20 plus years, the United States has seen the population of people of color double (Lum, 2011). One's race and/or ethnicity impacts one's culture. Culture (2003) is defined as "the customs, habits, skills, technology, arts, values, ideology, science, and religious and political behavior of a group of people in a specific time period" (p. 105). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) overtly cautions providers to be cognizant of cultural issues when assessing consumers, stating that "mental disorders are defined in relation to cultural, social, and familial norms and values" (p. 14). Tolerance for symptoms and/or behaviors may vary based on cultural influence; adaptability, awareness, coping strategies, and support systems may also vary (APA, 2013; Murphy & Dillon, 2015). Additionally, one must consider education, economics, social structure, religion, and politics. All of these factors can impact a consumer's ability to seek and engage in treatment, hence impacting consumer satisfaction with treatment and their perspective on the effectiveness of services. Inattentiveness to these factors by treatment providers will result in providers being less effective and potentially ethnocentric in their treatment approach (Cuéllar & Paniagua, 2000; Lum, 2011).

Due to the comprehensive (i.e., micro, mezzo, and macro) in vivo approach of ACT, this practice is poised to more effective in working with people of color. However, implementing

ACT services without overt attention to the person:environment from an ecological perspective

hinders the effectiveness of the services due to the complexities and intricacies of one's culture.

In the last five to ten years there has been a growing movement in mental health services

to approach treatment from a person-centered care model. A person-centered care model is a

strengths-based approach to treatment that focuses on the individual as a whole (e.g., all aspects

of wellness) *and* supports the individual in connecting/re-engaging with one's community to

obtain life goals (Adams & Grieder, 2011). Albeit a newer movement within mental health

services, this person-centered approach to care is a start and embedded philosophically within the

ecological framework. If providers are focused on being person-centered then their lens of

understanding a person's needs, wants, abilities, challenges, etc. is through the lens of the person

being served. However, this is not enough. Critical attention must be given to the

person:environment relationship and the relational impact at *all* levels of care. Without overtly

grounding practice in this critical consciousness, the imbalance and power dynamics will be

overlooked due to unconscious and systemic racism (Giliberti, 2016; Padgett et al., 1994).

Limiting one's focus to an individual's illness results in missing the holistic needs of the

individual and the impact of one's environment on health and wellness. The sociopolitical

environment that our country is currently in *is* having an impact on people experiencing mental

health issues. If providers do not consider the impact of environment on the needs of consumers,

then providers will perpetuate harm by not addressing all the stressors and systemic barriers

impacting their consumer's stability.

Practicing from an ecological perspective provides mental health practitioners with a

framework for understanding one's life from the unique lens and experience of the consumer.

Practitioners who understand and operationalize cultural humility, intersectionality, and power in

their work are more aware and attentive to the concepts of adaptability; habitat and niche; life

course; power, powerlessness, and pollution; life stressors, stress, coping; and resilience, making

them more effective in addressing the holistic needs of the consumer.

Implications for Social Work Education

Social work practitioners work with those in greatest need who have experienced

oppression and marginalization throughout their lives. It is an ethical imperative that we value

the dignity and human worth of *everyone* we serve. It is essential that social work educators

challenge students to understand how their world-view impacts practice and teach students to be

expansive practitioners who are culturally humble. In order to do this, social work educators

must infuse intersectionality, privilege, oppression, cultural humility, and social justice in *all*

courses taught. It is vital that social work students, future social workers, understand this

complexity. Students must understand the complexities of the questions: *who am I; how does*

"who I am" impact how, and if, I see you and who you are? Students must be taught to

constantly question whose lens is being used to engage, assess, intervene, and/or evaluate.

Doing so ensures that we are challenging our own assumptions and focusing on the consumer.

We must keep the focus on the consumer's perspective and needs. We cannot pigeon

hole the understanding of our consumers to a simple demographic variable, but rather look for

the intersection of the consumer's various cultural contexts (Roysircar & Pignatiello, 2011).

Teaching students how to pragmatically embed practice in the ecological perspective allows us

train future social workers to be expansive practitioners.

In order to be a socially just social worker who practices in an expansive and culturally

humble manner, one must recognize the social construction of race and other social identities, as

well as the discrimination and oppression that occurs at all levels – personal, institutional, and cultural (Bundy-Fazioli, Quijano, & Baber, 2013; Lee, Blythe, & Goforth, 2009). Simultaneously, students must learn to confront and work through interpersonal and intrapersonal conflicts about their "role, status, and participation in an oppressive system" (Lee, Blythe, & Goforth, 2009, p. 123). Engagement in social work practice begin with an interview, regardless of what level of practice (i.e., micro, mezzo, or macro), social workers engage with another person or persons (Petracchi & Collins, 2006). As such, social work student must learn to put theory into practice. In-depth discussions and reflections about social justice, intersectionality, privilege, oppression, cultural humility, etc. and their implications on practice must be understood cognitively *and* pragmatically in practice.

Implications for Future Research

Additional research is needed to further explore how theoretical knowledge becomes substantive skill execution. This banded dissertation found limited research assessing the efficacy of ACT for people of color. Assuming an evidence-based practice, such as ACT, is effective for a population without controlling for differences is fallacious.

The National Association of Social Work (2007, as cited by Lum) charges providers to support "diverse cultural groups who are advocating on their own behalf" (p. 21). The complexities and intricacies of one's culture directly impacts the effectiveness of services for people of color. It is incumbent upon us, as providers and researchers, to engage consumers directly when assessing the effectiveness of services. Doing so keeps services person centered, holistically focused (e.g., person:environment), and culturally expansive. Direct consumer feedback will inherently account for one's cultural needs, which will inform and improve practice.

Conclusion

In 1999 the Surgeon General of the United States, Dr. David Satcher, released a report affirming the disparities in mental health treatment for people of color and asserting that *ALL* people needed access to quality, effective, and affordable care (Culture, race and ethnicity, 2001; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 1999). Dr. Satcher stated,

> The failure to address these inequities is being played out in human and economic terms
>
> across the nation – on our streets, in homeless shelters, public health institutions, prisons, and
>
> jails. . . we need to embrace the nation's diversity in the conduct of research, in education,
>
> and training of our mental health service providers, and in the delivery of services. (Culture,
>
> race and ethnicity, 2001)

Dr. Satcher's statement holds true today. We *must* do better.

ACT is poised to do better, if we ground practice in theory, more specifically in the ecological perspective of social work practice. ACT, as a practice, engages in vigorous outreach beyond clinical walls, which is what Giliberti challenges is needed to serve people of color who are experiencing severe mental illness. Grounding practitioners' skills, theoretically and pragmatically, in the ecological perspective readies them to be expansive practitioners who are critically conscious of the complexities of human dynamics (e.g., individual characteristics, family dynamics, historical factors, and social and political contexts). Being able to understand and operationalize cultural humility, intersectionality, and power enables practitioners to address the needs of *all* consumers, including consumers of color.

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