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Critical Attributes of the PACT Team Leader

Based on the PACT interviews and audits that CQI has been involved in, we recommend that agencies that are hiring and evaluating PACT team leaders adhere to the following guidelines. In general, we suggest that PACT team leaders have experience dealing with financial, medication, safety, and boundary issues in the context of clients' communities, not just from a hospital or clinic perspective. To the degree that the leader does not have direct experience in any one of these areas, it is important PACT leadership have complementary, not redundant, experience.

The NAMI PACT Model includes a clear description of the tasks that the Team Leader/Supervisor is responsible for completing. This manual and other references (below) are all explicit about the need for a team leader with an advanced degree, strong clinical skills, experience with the population and some familiarity with the PACT model. At the core of these qualifications, however, are a team leader's

- 1) group facilitation skills
- 2) belief system
- 3) interpersonal style
- 4) leadership

These attributes determine how safe, creative and rehabilitation-oriented the team culture will be. It is critical that DMH support and hold agencies accountable for employing PACT team leaders that have enough skill, confidence and commitment to consumer involvement that young teams will develop with fidelity to the PACT model.

This research [on changing health care practice] shows that, in general, successful implementation of new practice requires a leadership capable of initiating innovation, adequate financing, administrative rules and regulations that support the new practice, practitioners who have the skills necessary to carry out the new practice, and a means of providing feedback on the practice. (Torrey, quoted in Phillips, et al.)

The following can be used as a guide for evaluating a current or potential Team Leader.

Group Facilitation Skills

Questions to ask:

- Describe examples of how you have lead planning, supervision, or training groups.

- What do you see as the Team Leader's primary responsibilities in a daily organizational staff meeting?
- What are the attributes and outcomes of a productive treatment planning meeting?
- Describe your experience with substance abuse and recovery groups.

Listen for:

- A history and commitment to creating a safe and productive team culture by consistently asking for and valuing ALL ideas and feedback.
- Confidence and trust in the learned and lived wisdom of each staff and client.
- DACTS (Phillips, et al) indicators of fidelity include the use of group modalities for clients with addiction issues and using a stage-wise treatment model of DD recovery that is nonconfrontational and follows behavioral principles.

Belief System

Questions to ask:

- Describe a time that you chose to act against a client's wishes and why.
- Describe a time that you supported a client's choice, despite your concerns, and why.
- What is the role, if any, of an outside advocate for the consumer, and how would you envision that person interacting with the PACT team?
- Based on your experience, how might leadership of a community-based rehabilitation team compare to working within a traditional mental health system?
- Are there any services provided by PACT that clients must [or need not] engage in? Please explain.
- What is the importance, if any, of maintaining an accountable process by which clients may complain about the care they receive?
- What is person-centered planning?

Listen for:

- Understanding of his/her role as ultimately responsible (with the psychiatrist) for ensuring safety and offering comprehensive supports and services. At the same time, the team leader must not be willing to "care take" out of unreasoned fear or impatience at the expense of an informed client's freedom to choose.
- Familiarity and commitment to the values of consumer empowerment and to the unrealized potential of all people to recover and grow, regardless of diagnosis.
- Confidence and trust in his/her own clinical skills beyond the "rules", integrating frameworks like motivational interviewing, trauma-informed practice, DBT, women's growth and development and the creative process into the work of management, supervision and therapy.
- Relationship of PACT team to the larger system of care in terms of relationships and autonomy. (Phillips, et al)

- Importance of promoting client autonomy, without necessarily reducing the amount of contact time, rather than fostering dependence on staff.

Interpersonal Style

Questions to ask:

- Please give an example of how you have approached a short-term, logistical problem with another provider.
- Give an example of how you have helped a client with an interpersonal conflict.
- One of the indications that a PACT team is running true to the model is that the team leader spends at least 50% of his/her time providing direct services. (Phillips, et al) What have you done or what might you do if you were upset and having difficulty attending to the needs of the PACT team and clients?
- What is the role of motivational interviewing in promoting recovery and in establishing a therapeutic alliance?
- Do others find you to be approachable? Explain.

Listen and watch for:

- A fundamentally safe and approachable presence.
- An optimistic and confident approach to problems.
- Skill at taking care of him/herself.
- How power and boundaries are mediated, a particularly critical issue in this community-based model.
- Verbal and physical communication that is clear, inclusive, and respectful.
- Integrity in making commitments.

Leadership

Question: How do you lead?

Listen and watch for: A convincing response.

Resources:

- ACT Implementation Resource Kit*, Evidence-Based Practices funded by SAMSA & Robert Wood Johnson Foundation, Draft 2002, www.mentalhealthpractices.org.
- Allness DJ, & Knoedler WH: *The PACT Model of Community-Based Treatment for Persons with Severe and Persistent Mental Illnesses: A Manual for PACT Start-Up*. Arlington, VA, NAMI, 1999.
- Phillips et al., *Moving Assertive Community Treatment into Standard Practice*, *Psychiatric Services*, June 2001, Vol. 52, No. 6.