An introduction to the Therapeutic Community

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September 2009
Your experience of working in AOD services & TCs

• How was it when you joined?

• How is it now?

• What has changed in the TC since you first joined it?
Small group task

• Definition –

  – What is a Therapeutic Community?
What is a Therapeutic Community?

A Therapeutic Community is a structured method and environment for changing human behaviour in the context of community life and responsibility.
• A Therapeutic Community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.

• In a therapeutic community, residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur.

• In a therapeutic community, there is a focus on the biopsychosocial, emotional and spiritual dimensions of substance use, with the use of the community to heal individuals and support the development of behaviours, attitudes and values of healthy living (ATCA 2006).
“The development of small cohesive communities where the therapeutic decisions and functions are shared by the whole community, and where the status differences between staff and residents are greatly reduced though not abandoned” (Kennard 2000)

“What creates membership of a community, what binds a group of individuals together and creates a sense of belonging, is a commitment to struggle together” (Sarah Tucker 2000)

“The community is a network of relationships for support and being supported. All patients [sic] are expected to play a part as both supporter and supported and this is to some extent true to staff” (Hinchelwood 2002)
Evolution of the Therapeutic Community
Evolution of the TC

• The *idea* of the TC recurs throughout history in different incarnations

• Communities that teach, heal and support appear in spiritual, temperance, mental health and other contexts

• In contemporary form – 2 major variants – social psychiatry (UK) & community-based residential treatment (USA)
Evolution of the TC - UK

- TCs in psychiatric hospitals pioneered by Maxwell Jones (mid-1940s) and others in UK

- Maxwell Jones founded a community to provide structure and content for therapeutic change in the lives of individuals with long-standing mental disorders

- Treated difficult psychiatric cases considered beyond treatment, such as “chronic failures” and “troublemakers”

- Based his approach on the theory that a healthy group life would make healthy individuals
Considered all relationships to be potentially therapeutic

Placed high value on communication

Believed that productive work was an essential component of treatment

Successfully resocialised patients into the outside community

1946: British Medical Journal - Tom Main coined the phrase Therapeutic Community to describe a place “organised as a community in which all are expected to contribute to the shared goals of creating a social organisation with healing properties” (Rapaport, 1960)
• TCs in UK appeared about 15 years earlier than TCs for addictions in USA, pioneered by Charles (Chuck) Dederich

• Synanon model developed from self-help meetings held in Dederich’s home as AA meetings not comfortable with drug users attending

  ▪ Based on the notion of self responsibility
  ▪ No acknowledgement of post-treatment phase
  ▪ Drug-abuser understood as a character-disordered individual who couldn’t sustain prosocial lifestyle in mainstream society
  ▪ Also recruited people who were not addicted
  ▪ By 1978 Synanon transformed into alternate lifestyle community
In the UK the model was very different, and the idea of “re-entry” to the community firmly upheld

1969: Alpha House established

1972: The Ley Community – growing out from the Littlemore Psychiatric Hospital
Features common to the first TC model and today’s TC

• They use a holistic approach that goes beyond the single-level approach of traditional psychiatry or medication alone
• The community that is created affects the recovery of the individual
• Clients actively participate in the community and engage in work that allows them to return to society
• Communication and relationships among all members of the community aid in the recovery process
Australian beginnings

• We Help Ourselves (WHOs) in NSW, 1972
• ADPACT (now ADFACT) established in Canberra 1976, Karralika TC established in 1978
• Odyssey House established in Australia & New Zealand, 1977
• Killara House (Vic/NSW), 1978-1979
• Cyrenian House WA, 1981

• 1986 - The beginning of the ATCA as an Association to support and promote TCs
• American TCs largely staffed in the early days by “ex-addict” (recovered, other professional) staff

• UK model, growing out of psychiatric hospitals, largely staffed by professionals (nurses, psychologists, psychiatrists)

• In late ’60s and early ’70s the concepts of the self help tradition merged with the use of professional practices and staffing in UK began to include people who had been through programs and US programs started to include professionally trained staff
• European experience was not totally accepting of the strictly hierarchical American model

• Some UK and European programs established as “democratic” models, particularly in youth, mental health and correctional settings

• Inclusion of family was an important concept in Europe

• Many of the European and Australian Therapeutic Communities followed the lead of Maxwell Jones
Indicators of the TC Model’s Evolution Into Mainstream Human Services

• A mix of professionals
• Evaluation research
• Program and staff competence standards
• Professional associations
• Common components
• Adaptations to new settings and special populations
“The TC process is one of social learning and social development. A basic tenet of the TC is that substance use is a complex condition combining social, psychological, behavioural and physiological dimensions. It is a symptom of underlying social, psychological and/or behavioural issues which need to be addressed if recovery is to occur”

(Gowing, Cooke, Biven & Watts, 2002).
TC Models are divided into three sub-categories

Traditional TCs
- a goal of total resocialisation
- one to three years in duration
- treatment that includes high demands, confrontation and sanctions

Modified or Enhanced TCs
- a goal of developing practical skills,
- six to eight months duration
- treatment that includes moderate demands and sanctions

Short-term TCs
- a goal of providing skills to allow the client to survive in society and re-establish family relationships
- three to six months duration
- treatment demands that are moderate to high
Therapeutic Community Model

- Provides a combination of therapeutic involvements between residents and staff and among residents (especially senior and junior residents) through living in a caring and challenging community as the principal means to encourage change and personal development.

- Provides a multidimensional treatment involving therapy, education, values and skills development.

- The common theme to all TCs is one of self-help and the notion that residents play an integral, active role in their own therapy and in the therapy of other clients.
Therapeutic Community Model

• Social-cognition approach, comprising attitudinal, normative and behavioural control components

• Process involves five main areas of primary treatment:
  – socialisation in terms of developing attitudes and values of a mainstream, prosocial lifestyle;
  – psychological improvement, in terms of heightened insight, self-esteem and self-efficacy;
  – recognition of triggers to drug taking;
  – the development of self-efficacy through new coping skills; and
  – the development of drug-free networks
TC populations

• Substance dependant
• Co-occurring disorders –
  – Alcohol - Most prevalent co-morbid disorders are anxiety disorders (19%) and affective (or mood) disorders (13%)
  – Other drug problems - Prevalence of co-morbid anxiety disorders (28%) and affective disorders (26%)
  – 2/3 people in treatment have Personality Disorder
  – Strong association between ADHD and substance abuse disorders
  – PD prevalence rates 44% among those with alcohol dependence and 79% among those with opiate dependence

• Homeless
• Offenders
• Women
• Families
• Adolescents and Children
• Highly treatment resistant Groups
Special programs in the TC

- Enhance the effectiveness of the TC approach rather than modify or replace basic TC components and practices
- Are incorporated into the TC environment only if they are consistent with the TC perspective and can be well integrated into the daily regimen of TC activities
- Some will only be provided when residents are stable and have developed a sense of belonging within the peer community and understand the TC approach – therefore in latter stages
Small Group Activity

• How has your TC adapted to changing needs?

• How have these innovations and changes enhanced the TC?

• What are the main lessons you learned along the way?
Essence of TC technique

- A living-learning situation:
  Everything that happens between members of a TC in the course of living together, and in particular when a crisis occurs, is used as a learning opportunity.

- Culture of enquiry:
  Creation of certain structures and a basic culture among the staff of 'honest enquiry into difficulty'. There is a conscious effort to identify and challenge dogmatic assertions or accepted wisdoms.
Essence of TC technique

- The TC provides a wide range of life-like situations in which the difficulties a member has experienced in their relations with others outside are re-experienced, with regular opportunities in small group and community meetings to examine and learn from these difficulties.

- To operate this mechanism requires both staff and residents to fulfill a number of roles.
Distinctive Features of TCs

- TC lingo or language
- ‘Act as if’
- Community-as-method
- Rational authority
- TC views of the disorder, the person, recovery, and prosocial living
National Standards for Therapeutic Communities (Alcohol and other Drug) and Therapeutic Communities Training Package
Why develop a set of Standards?

• Ensure the integrity of the “Therapeutic Community” principle would be maintained and continue to stand as a model of best practice in the treatment of substance misuse and co-occurring disorders. The set of standards aim to:
  
  – Identify and describe good TC practice which can be incorporated into a national quality framework
  – Enable Therapeutic Communities to engage in service evaluation and quality improvement, using methods and values that reflect the TC philosophy
  – Develop a common language which will facilitate effective relationships with all jurisdictions (national, state and territory)
  – Provide a strong network of supportive relationships
  – Promote best practice through shared learning and developing external links.
Support Package

- In concert with the development of the set of TC Standards ATCA has developed this Support Package for the professional development of management and staff working within the TC sector.
  
  This package supports:
  
  - Managers and staff currently working at a TC
  - The induction of new managers and staff working at a TC
  - Managers and staff of services that intend to become or evolve into a TC
  - The Package aims to support the implementation of the AOD TC Standards
Australasian AOD TC Standards

- Cover eight areas, identified in the literature as being significant to the health care sector:
  - Appropriate and timely service provision;
  - Leadership and management principles;
  - Consumer participation;
  - Strategic human resource management;
  - Information management and appropriate use/evaluation of data;
  - Occupational health and safety;
  - Health and safety risk management; and
  - Continuous improvement.
Know the TC
Small group activity

• What would you consider are the Essential Elements of a TC?
  – What makes the TC different from other forms of treatment?
  – Think about the Ethos
  – Think about Program Delivery
  – Think about Treatment Components
  – Think about Staffing
TC Essential Elements

(A) TC Ethos

(i) Nature of substance abuse and recovery

- Substance abuse is a complex condition combining social, psychological, behavioural and physiological dimensions;
- It is a symptom of underlying social, psychological or behavioural issues which need to be addressed if recovery is to occur.
- Recovery from drug dependency requires establishment or renewal of personal values, such as honesty, self-reliance, and responsibility to self and others;
TC Essential Elements

- Involves learning or re-establishing the behavioural skills, attitudes and values associated with community living;
- Involves personal development and lifestyle change consistent with shared community values;
- The recovery process of the TC encourages a lifelong commitment to personal development.
TC Essential Elements

(A) TC Ethos

(ii) Broad concept of TC approach

• Therapeutic communities focus on the social, psychological and behavioural dimensions that precede and arise from substance abuse;

• Provide a safe, supportive environment for residents to experience and respond to emotions and gain understanding of issues relating to their drug use;

• Provide a combination of therapeutic involvements between residents and staff and among residents (especially senior and junior residents) and living in a caring and challenging community as the principal mediums to encourage change and personal development.
TC Essential Elements

- Treatment is multidimensional involving therapy, education, values and skills development.
- Patterns of drug use can be used to indicate underlying issues but are not the primary focus of treatment.
- Discussions and interactions between residents outside of structured program activities are an important component of therapy.
- The self-contained nature of TCs, with residents performing routine chores such as cooking and cleaning, is important in encouraging residents to become self-sufficient and responsible for themselves and others.
TC Essential Elements

(A) TC Ethos

(iii) Dimensions of socialisation

• Encouraging a sense of participation in and belonging to the community is critical to the effectiveness of the TC approach.
• Living skills to support recovery develop from commitment to the values shared by the TC community.
• Work is used to enhance the sense of community, to build self-esteem and social responsibility, and to develop communication, organisational and interpersonal skills.
• The TC approach involves supporting and acting responsibly towards other individuals and the community.
TC Essential Elements

(A) TC Ethos

(iv) Psychological/behavioural dimensions

- The TC approach supports the development of individual responsibility for actions and their consequences.

- Program fosters the development of supportive relationships between residents to facilitate individual change.

- Peer support and constructive feedback are integral to addressing negative behaviour and attitudes and affirming positive achievements of residents.

- Treatment involves learning and becoming committed to shared community values, including respect for self and others, honesty, willingness to attempt personal growth, and responsibility to self and others.
TC Essential Elements

(B) Aspects of program delivery

(i) Ensuring a safe environment

- Program involves abstinence from alcohol and other psychoactive drugs (unless authorised).
- There are cardinal rules which if violated, can lead to termination from program (ie. no drug use, no violence, no stealing, no (unsanctioned) sexual relations with other residents).
- There are clear procedures for responding to breaches of community values, with differing levels of response to reflect the specific circumstances.
TC Essential Elements

- Contact outside the TC is monitored or supervised, and restricted, particularly in the early stages of treatment.
  - WHY?
  - HOW HAS THIS CHANGED SINCE EARLY TCs?

- Program includes regular drug screening, including where there are grounds for suspecting possible drug use.
TC Essential Elements

(B) Aspects of program delivery

(ii) *Encouraging community spirit and a sense of belonging*

- Meetings are scheduled to occur frequently to provide information on arrangements, matters of functional routine, and special events;
- Meetings are convened within the community as needed to address significant issues affecting the community, particularly those with a potentially negative impact.
- In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary.
Types of Meetings

• What are the types of meetings and groups that you hold in your program?
• What is their purpose?
• How do you know if they are effective in meeting their prime aim?
• Who takes responsibility for organising and conducting them?
• When would you let the residents run these activities?
• Why?
Resident Meetings

Resident meetings are used to
• Enhance sense of community
• Provide structure
• Resolve issues
• Communicate to all members of the TC
• Assess individual and collective moods of the TC
Morning Meetings

• Are intended to be uplifting
• Engage residents who may be withdrawn
• Motivate residents
• Start the day in a positive way
• Enhance residents’ sense of community
House (or General) Meetings

- Address issues and problems that pose a physical or psychological threat to the community

- Discuss community concerns and ways to correct community problems
TC Essential Elements

Residents -

• take responsibility for orienting, guiding and supporting new residents;

• conduct important peer management functions such as preparing work rosters, organising and running house meetings;

• participate in program rituals and traditions, such as major festivals, birthdays and recovery milestones, particularly graduation.

• Leisure activities, such as organised sport, are encouraged for physical fitness, developing the sense of community and team work, and to reinforce to residents that it is possible to have fun without drugs.
TC Essential Elements

(B) Aspects of program delivery

(iii) Program structure

• Residential TC treatment is of medium to long duration, with actual length varied according to individual requirements;

• It provides a mix of group and one to one counselling based on individual need;

• It includes some use of formal instruction methods to present interpersonal skills and recovery oriented concepts;
TC Essential Elements

• It provides information and the opportunity for residents to discuss the prevention and control of health issues of particular relevance to drug users;

• It has distinct stages generally reflecting a focus on assessment/orientation, treatment, extended treatment or transition, and re-entry, respectively.

• There is an initial period in which new clients are assigned to senior residents or staff for introduction to the program and initial support.
TC Essential Elements

In general

• By the end of assessment/orientation, residents are aware of the rules and procedures of the TC, are feeling comfortable as a member of the TC, and have committed themselves to the treatment program;

• By the end of the main treatment stage, residents have gained some understanding of the issues underlying their drug use, are able to emotionally support other residents, and are not behaving in an anti-social manner;
TC Essential Elements

• The re-entry stage provides increased contact with the wider community, gives residents increased independence, and focuses on preparing them to cope in the community, including developing supportive friendship networks and, where appropriate, re-establishing communication with their friends and families.
TC Essential Elements

• How are decisions about progression from one stage to another made?

• What would be the criteria?

• How have individual programs handled this?

• If you were designing a TC, what would you think should be incorporated into this?
TC Essential Elements

• The preparation for re-entry involves greater flexibility in the resident's personal program and increased attention to relapse prevention, drawing together the skills, insight and behavioural change gained through treatment, to support maintenance of lifestyle change outside the TC in a self-reliant manner.

• As TCs have developed more partnerships and greater community involvement, the separation of TC from the wider community has generally had a positive effect on the way in which residents reintegrate into the community.
(B) Aspects of program delivery

(iv) Encouraging behavioural change

• Group therapy is the hallmark of TCs as a vehicle to promote change in behaviour and attitudes.

• Residents are encouraged to attempt behaviours and activities, even if they doubt their abilities or the reason for the behaviours and activities, as a means of developing a more positive attitude through learning by doing.

• Residents are encouraged to experience and appropriately express their emotions.
Groups

Through the application of TC principles, residents hold themselves and their peers accountable, and learn to become responsible community members.
Residents learn:
How to talk about their feelings rather than act on them impulsively and how to listen to another's point of view.

How to discuss and negotiate with others rather than taking an oppositional position or retreating from responsibility.
How Residents Change in a TC
Exercise: Case Study of Ray

What are examples of Ray’s -

- Cognitive and behavioural issues?
- Perceptual issues?
- Emotional issues?
- Social issues?
Exercise: Case Study of Ray

Discuss how the TC can motivate a resident like Ray to change:

- Behaviour management or behaviour
- Enhancement of emotional and psychological life
- Enhancement of intellectual and spiritual life
- Improvement of work and vocational skills
Self-Change

- Residents do not adopt behaviors and attitudes simply to comply with TC rules

- Residents make fundamental changes in the way they live and perceive themselves
Self-Identity

• How individuals perceive themselves

• How individuals believe they differ from others

• Individuals’ perceived degree of self-worth and sense of purpose
Internalisation

• The process of accepting, practicing, and applying what has been learned in the TC to new situations inside and outside the program

• Essential experiences
• Essential perceptions
• Active participation and involvement in the TC
Essential Experiences

• Emotional healing

• Social relatedness and caring

• Subjective learning of self-efficacy and self-esteem
Personal Growth

• Consider one of your graduates –
  
  – What are the major changes this person made while they were in the TC?
  
  – How did they do this?
  
  – How have they been able to maintain their recovery?
Staff and Resident Roles
Resident roles

• Therapeutic role

• Socialising role

• Decision making

• Individual responsibilities
In a TC the residents learn:

- How to take responsibility for their recovery and the impact their behaviour has on the community.
- The community takes responsibility for supporting the recovery process by:
  - Challenging problematic behaviours in a safe environment that encourages reflection and change.
TC Essential Elements

• Treatment encompasses developing a variety of approaches that help avoid the use of drugs, including recreational activities and relapse prevention methods.

• In the TC, all aspects of living together within the community provide an opportunity for Learning Experiences.

• The presence in the TC of staff with a learned history of recovery is encouraged to provide residents with role models.

• There is an expectation on members of the community to develop the capacity to be a positive role model as they progress through the program.
Being a Role Model

A role model –

• Behaves according to TC expectations of recovery and right living
• Sets a positive example for other residents to follow
• “Act as if” when necessary
• Show responsible concern for others
• Seek and assume responsibility
Senior Residents as Role Models

Senior residents model new behaviours for others.

Senior residents provide additional learning and assistance for other residents.

Senior residents experience personal growth and learning as a result of modelling.

Junior residents learn new behaviours.

An introduction to the TC
Benefits to Residents of Being a Role Model

- Personal growth and self-learning
- Increased status in the peer community
- Leadership skills
- Identity change
- Increased self-esteem
TC Essential Elements

(B) Aspects of program delivery

(v) Treatment planning

- Individual assessments are undertaken, including background issues, drug use history, physical and mental health, either prior to or on entry to the TC.
- There is a written, agreed upon and periodically updated treatment plan for each resident.
- Treatment plans identify goals for each stage, and achievement of these goals is assessed when considering applications to move between stages.
TC Essential Elements

• Program includes a process of setting individual goals that provides positive affirmation of strengths and capabilities but also acknowledges boundaries to what is achievable.

• Planning during the re-entry stage includes establishing links with appropriate aftercare services and support networks.

• Residents who leave without completing the program are assisted with alternative treatment arrangements.
TC Essential Elements

Program

- Includes opportunities for residents to discuss progress, emotions and experiences in a safe, supportive environment;
- Emphasises listening, speaking and communication skills;
- Supports the development of personal decision-making skills;
- Identifies and subsequently addresses family issues, with family members and significant others being engaged in a positive way, where possible.
TC Essential Elements

Residents

• Learn conflict resolution skills through discussion of principles in group sessions and the practical experience of grievance and mediation procedures within the TC.
• Facilitate some group therapy or educational sessions with the support of staff.
• Perform different tasks and acquire increasing responsibility and privileges as they progress through the program, with consideration to individual circumstance.
Peer Interpersonal Relationships
Healthy Relationships

Think about –

• Positive, healthy relationships you have had with family, friends, coworkers, and authority figures
• Benefits of having healthy relationships
• Ways to initiate and maintain healthy relationships
• What was the one relationship that you had to “work at” to keep it healthy and how did you do this?
Promoting Healthy Relationships

Staff members are expected to understand

• Residents’ relationship-related issues

• How the TC recovery process addresses these issues

• Treatment goals related to developing healthy relationships
Promoting Healthy Relationships

Staff members are expected to encourage mutual self-help by –

Promoting family-like relationships among peers
Promoting healthy peer friendships
Encouraging residents to become role models and leaders
Helping residents use the community to develop relationship skills
Promoting Healthy Relationships

Think of a specific resident

• Think of 1 possible goal related to changes in that person’s relationships

• Identify 1 way you will try to help the resident meet these goals
Living in a TC with people of all backgrounds promotes recovery and prosocial living
What Do Residents Gain From Living in a Diverse Community?

- Self-knowledge
- Decreased fear of difference
- Self-acceptance
- Knowledge of how common issues can outweigh differences
- Mutual self-help
TC Essential Elements

- Selection of job functions takes into account residents’ capacity, developmental and vocational needs and the demands of their individual treatment plan.
- Support is given to residents who wish to seek education or training as part of their treatment program, and
- All residents are encouraged to develop a vocational plan, particularly in the latter stages of treatment.
TC Essential Elements

(B) Aspects of program delivery

(vii) Staffing dimensions

• Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the TC is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions.

• Staff may involve themselves in activities such as recreation, meal preparation, dining and chores, on an equal footing with residents, as a means of emphasising their membership of the community and their participation as role models.
TC Essential Elements

• Interactions between residents and staff in an informal context during daily activities help establish a relationship that facilitates therapeutic interactions.

• Staff serve as role models for shared community values.

• Staff offer personal experience as part of the therapeutic interaction.
Ex-Residents as Employees

Having been through such a community themselves, they can empathise with what residents are feeling, and (most important from the resident’s point of view) the staff member who is themselves in recovery, offers a living example of someone with whom they can identify, and who has succeeded in making a life without drugs and now holds a position of responsibility and authority.
Staff roles

- Participating as a member of the community
- Maintaining the structure needed for the community to be therapeutic
- Provision of learning experiences
- Using therapeutic interventions in groups
- Attending to the dynamics of the community and to staff members' emotional involvement
- Maintaining external relations
Changing staff roles

• Assistance to find suitable housing, employment and training
• Collaborative case management with other services, including family service agencies, mental health and other health care and social services
• Training opportunities for residents whilst in treatment and active partnerships with other providers
• Staffing approach which includes a multidisciplinary team provides the best opportunities in the TC of today
Small group Activity

3 groups – describe one of the following:

• ‘Act as if’

• Community-as-method

• Rational authority
The Community-as-Method Approach
Community-as-Method

• This module component “Community as Method” is linked to the Australasian AOD TC Standards, specifically:

• **Indicator 1.1:** The TC program applies the Community-as-Method approach.

• The Community-as-Method approach was unanimously identified by the sector as a key approach that would demonstrate that a service is a TC. As a result the indicator addressed in this component of Module 1 of the ATCA Standards has been categorised as ESSENTIAL.
What are the relevant Australasian TC Essential Elements (ATCEE)?

- While many of the ATCEEs (from Gowing et al, 2002) can be seen to be related to the “Community-as-Method” approach, the following ATCEEs provide an example of how they can be used to describe the approach.
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<thead>
<tr>
<th>Number</th>
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<tbody>
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<td>Recovery from drug addiction requires establishment or renewal of personal values, such as honesty, self-reliance, and responsibility to self and others</td>
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The aspects of program delivery – primarily drawn from the sub-category of “encouraging community spirit and a sense of belonging” - that support the community as method approach:

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<td>45</td>
<td>Program uses groups to provide encouragement to change behaviour and attitudes</td>
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<tr>
<td>62</td>
<td>Residents learn conflict resolution skills through discussion of principles in group sessions and the practical experience of grievance and mediation procedures within the TC</td>
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<td>Program uses groups to provide encouragement to change behaviour and attitudes</td>
</tr>
<tr>
<td>62</td>
<td>Residents learn conflict resolution skills through discussion of principles in group sessions and the practical experience of grievance and mediation procedures within the TC</td>
</tr>
</tbody>
</table>
Community- as-Method

• A Social Learning approach, residents learn from observing one another & themselves

• A TC provides a shared commitment to the goal of learning from the experiences of living and working together as a community. This is referred to as a “living learning situation” and underpins all the activities that occur in a TC.
Community-as-Method

Major elements of the community-as-method approach include the following:

– The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behaviour patterns and self-identity
– All community members (staff members and residents) create a social learning environment
– TC residents experience being in a supportive family-like atmosphere that allows them to heal emotionally and to change their lifestyles and self-identities
– Recovery occurs through interactions with peers and through the self-help and mutual self-help learning processes
Eight Basic Concepts of Community-as-Method

- Member roles
- Continual feedback from peers and staff members
- Role models
- Friendships and healthy family-like relationships
- Collective learning
- Internalisation of the TC culture and language
- Hierarchical work structure and communication system
- Open communication and personal disclosure
Eight Basic Concepts of Community-as-Method

• How is each concept implemented in your program?

• How can you, as a staff member, promote each concept?
The TC Social Structure and Physical Environment
The Physical Environment

The physical setting of the TC allows residents to –

• Disengage from previous lifestyle

• Attain positive affiliation

• Achieve self-discipline

• Reinforce recovery principles and prosocial living
# TC Views

## View of the Disorder
- Disorder of the whole person
- Virtually every aspect of a person’s life is affected

## View of the Person
- TC residents are able to change their behaviour and become productive members of society
TC View of Recovery

• Gradual building or rebuilding of a new life

• Changes in thinking, feeling, values, behaviour, and self-identity
TC View of Prosocial Living

- Honesty in word and deed
- Responsible concern for others
- Work ethic
- Active and continuous learning
Exercise: Social Learning

• Recall a situation in which you learned a valuable life lesson from peers, family members, or coworkers.

• What did you experience as you listened to others share?
A living learning situation

Everything that happens between members of a TC in the course of living together, and in particular when a crisis occurs, is used as a learning opportunity

(Kennard 2000)
A living learning situation

**Social Learning**
- Identifying with others
- Learning and changing behaviour through participation, observation, and interaction with others

**Didactic Learning**
- Formal instruction
- One-way presentation of new information from an “expert” to a “student”
Understanding and promoting self-help and mutual help

**Self-Help**
- Residents are responsible for participating and contributing to the TC process to change their behaviour

**Mutual Help**
- Residents assume responsibility for helping their peers
- Mutual self-help reinforces one’s recovery process
Rules

Choose a partner and tell them about:

• Three rules you have in your household

• The benefits of having these rules
TC Rules

- Cardinal
- Major
- House

- What is an example of each of these from your TC?
- Are there circumstances where you have had to adjust or review rules?
The Cardinal Rules in a TC are:

1. **Abstinence** – no illicit or non-prescribed drugs or alcohol are to be consumed or brought onto the premises

2. **No stealing** – respect for the property of others

3. **No unsanctioned sexual relationships** – while friendship is fostered this is to be open and public. Some programs accept couples and therefore provide appropriate family accommodation

4. **No violence or threats of violence** – everyone within the community deserves the right to safety

- Knowledge of any of the above must be reported to the community
Structured Socialisation

Structured socialisation is the step-by-step process through which residents learn prosocial behavior and attitudes that allow them to become productive members of mainstream society.
The Therapeutic Community represents a highly structured environment with defined boundaries, both moral and ethical.

It employs community imposed sanctions as well as earned advantages of status and privileges as part of the recovery and growth process.

Being part of something greater than oneself is an especially important factor in facilitating positive growth. (Odyssey House McGrath Foundation)
TC Social Organisation

- Structure

- Systems

- Communication

- Daily regimen of scheduled activities
A culture of enquiry

Where the creation of a certain structure and a basic culture of 'honest enquiry into difficulty' demands a conscious effort to identify and challenge dogmatic assertions or accepted wisdoms

(Kennard 2000)
Daily Structure

• Therapeutic interventions (groups, individual counselling and creative therapies)

• Work, including responsibilities within the community (kitchen, gardening etc)

• Education, including both formal programs (school and training programs), seminars and other forums
Staff Roles and Rational Authority
TC Staff Members

All TC staff members –

• Play important roles in the treatment process

• Are considered integral members of the TC
Authority Figures in Your Life

Think about –

• Someone who was a positive authority figure in your life

• What you learned from this person

• The characteristics that describe this person
Staff Members as Rational Authorities

**Program Management and Clinical Staff**

Make decisions related to
- Resident status
- Discipline
- Promotions
- Transfers and discharges
- Resident leave
- Treatment planning

**Program Support Staff**

- Make decisions related to their area of expertise
- Support the clinical decisions of the program management staff
Staff Members as Rational Authorities

• Staff members establish themselves as rational authorities by the way they make, communicate, and follow up on decisions.

• In your TC, what decisions do residents make and what decisions are reserved for the staff?
Staff - Understanding and discouraging the concept of the we–they dichotomy

• Adhere to community rules
• Participate in meals and activities
• Demonstrate respect for residents
• Be open to confrontation from residents
• Be willing to listen and learn
Work as Therapy and Education
Primary Purpose of Work in a TC

Work in a TC is valuable for a number of reasons –

• To reveal and address residents’ attitudes, values, and emotional growth issues
• To provide a ‘real life’ situation and structure in the person’s life
• To provide skills training for future employment
Work in the TC is used to...

- Shape personal behaviour
- Promote positive interpersonal relationships
- Create a sense of community
- Instill attitudes that promote prosocial living
- Teach job skills
Role of Staff Member

- Make thoughtful work tasks
- Encourage self-help
- Act as a role model
- Educate and explain
- Promote community-as-method and mutual self-help
- Help residents be role models
Decision making

• Job assignments/promotions carefully consider a resident’s needs for growth and learning

• Progression or regression in the work hierarchy depends on a resident’s work behaviour and attitude
Stages of the TC Program and the Phases of Treatment

ATCA
Staged Approach to Treatment

Allows time for residents to:

• Practice prosocial behaviours and attitudes

• Experience success or failure through a trial-and-error learning process

• Be supported and guided by the community

• Internalise new behaviours and attitudes and become accustomed to living them on a daily basis
Stages of the TC Program

• Stage I—Orientation/Induction

• Stage II—Primary Treatment
  (Phase 1, Phase 2, Phase 3)

• Stage III—Re-entry
  (early phase, middle phase, late phase)
1. The Induction/Orientation Stage.

 Provides the opportunity to:

• Become used to living in the community, the daily schedule, relating to others and seeing what will be expected of them as they progress through the program

• Have the opportunity to take some time away from their usual experiences outside the program, and to break the ties with drug-using or criminal peers

• Experience the routine and structure that has been missing from often chaotic lives. Most importantly they have daily contact with people who have “been there and done that” and come out the other side
2. The Primary Treatment Phase

The person is able to:

- Work through their issues while they live, work, learn and relate to others in the community
- Progress up the resident structure

Some TCs, depending on their total length, may include more than one stage within this phase – eg. An early and late treatment phase, which might include a gradual re-integration into the community, including taking part in community support meetings and taking weekend leave.
3. The Re-entry or Transition Stage

Facilitates a re-entry or community reintegration phase where residents might be able to look for jobs or education possibilities available in the wider community.

This might be divided into a number of stages, including ‘living in’ and ‘living out’.
Exit Housing

Residents can move offsite in halfway house or transitional housing but still maintain a connection to the TC and the outreach services provided.

Aftercare programs

Providing support for the resident when they leave the service and make a life for themselves independent of the TC.
Final Task

• What was most useful for you today?

• What is one thing that you can take from today and apply to your practice within the TC?
References:


Buber, M (1965) Between Man and Man New York: Macmillan

