




**Community as method:
principles and practice of
therapeutic community
treatment**

**Tim Flora - Odyssey House
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Community as Method:

principles and practice of
therapeutic community treatment

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What is a Therapeutic Community?



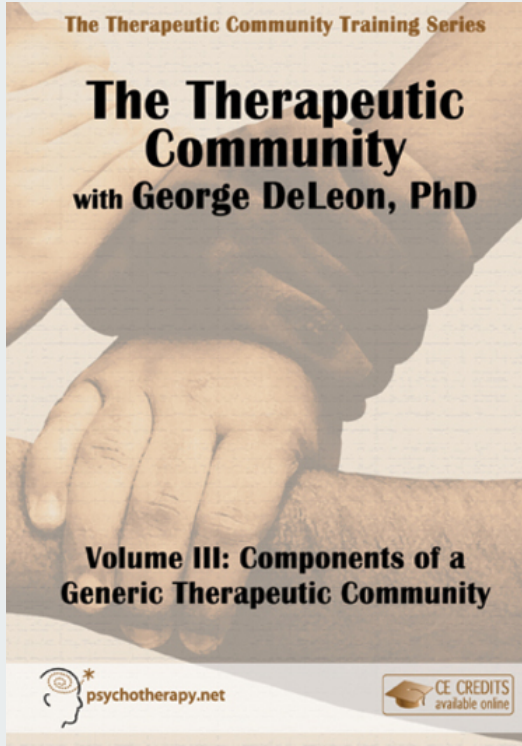
Windana TC
Maryknoll



Odyssey House TC
Lower Plenty

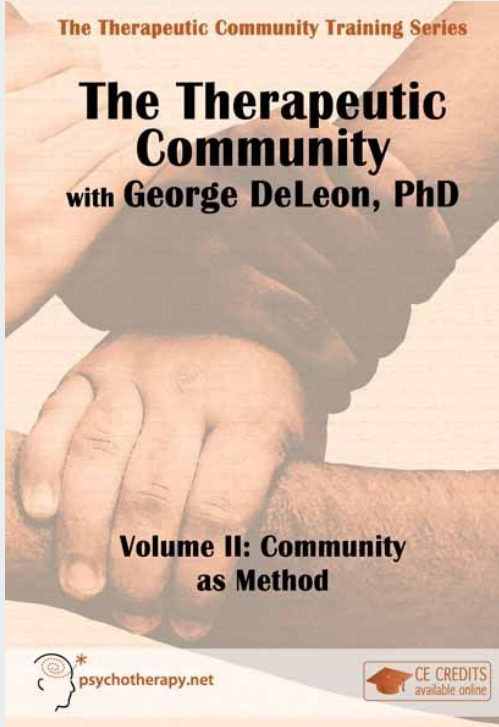
- a living learning experience
- residents and staff participate in the management and operation of the community
- the community itself, through self-help and mutual support, is the principal means for promoting personal change
- staffs role is to provide a physically and psychologically safe learning environment
- the community is the primary therapeutic instrument (De Leon, 2000)
- focus on social, psychological and behavioural dimensions of substance use
- TC environment unlike an institution, clinic, hospital, or even a treatment program
- the social environment of a TC resembles an energetic village than an institution or service setting (De Leon, 2000: 119)
- TC members are residents, not patients or clients

Fundamental Components of a TC



- **Self-Help**
the resident is the protagonist of their own treatment, others act as facilitators
- **Hierarchy**
daily activities take place in a structured setting where residents act as role models
- **Community**
living together in a group and fostering belonging is the main agent for therapeutic change and social learning
- **Confrontation (or challenge)**
residents provide feedback to each other such as observations of, and reactions to, behaviours and attitudes that interfere with community rules, value and philosophy and require change

What is Community as Method?



- the profound distinction between a TC and other treatments is the use of **community as a method** for changing the whole person (De Leon, 2000)
- **residents** have input into **decision making** and participate in maintaining the facility
- the **community** is the **agent for change**
- the community is made up of staff and resident members, with resident members having clear “**ownership**” of the environment during their program, the **TC is their home**
- staff behave as **rational authorities** (consistent, trustworthy, compassionate & transparent) this counteracts negative experiences with authority
- the community help heal individuals **emotionally**, and support the development of **behaviours, attitudes** and values of **healthy living**

Who comes to a TC?


68% are male

35 yrs average age

18% of no income source

31% have dependent children

24% homeless month prior to admission

20% arrested in month prior to admission

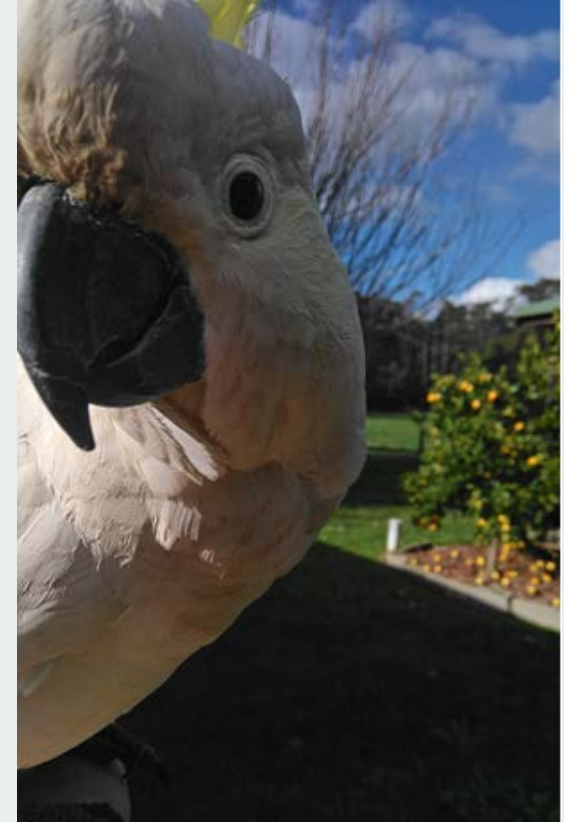
81% unemployed month prior to TC entry

26% victim of violence month prior to admission

37% have current legal issues month prior to admission

24% ambulance / hospital admission month prior to admission

Scruffy
Windana TC Resident



TC Rules

Odyssey House Victoria TC

Cardinal / Principle Rules

- no violence or threat of violence
- no theft
- no drugs or alcohol
- no sex
- no knowledge of breaking these rules

Windana TC

Cardinal / Principle Rules :

- no possession or use of any non-prescribed drugs or alcohol
- no violence or threats of violence to residents, staff or livestock
- no unauthorised leave from the property boundaries
- no unauthorized fires to be lit on the property
- knowledge of any of the above

General Rules :

- no sexual relationships or dependent relationships
- no stealing from a member of the community or from the community
- no continual or repetitive non-participation in any part of the program
- no smoking other than at the times and places specified

- any breach of a **Cardinal Rule** will **most likely** result in **Discharge** from the TC
- serious breaches of **General Rules** may result in immediate discharge however, more often; the situation presents an opportunity for **positive consequential learning**

A Day in the Life of a TC Resident

- 16 hour day
- highly structured, consistent & predictable
- day begins and ends at set times
- residents and staff share meals
- includes meetings, tasks, therapy groups, work phases, seminars, recreation
- weekends less structured

Daily Structure teaches :

- **productivity** - set goals, establish positive regimes, manage work & responsibilities
- **perform consistently** – routine teaches goal attainment occurs one step at a time and rewards consistent performance
- **manage free time** – routine provides certainty and reduces anxiety linked with free time that may trigger drug related behaviour
- **minimise self defeating thoughts** – structure lessens preoccupation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:15	Breakfast						
6:45	Work Program						Meditation
7:15	Recreation/Fitness Program						Breakfast
8:40	Morning meeting						Recreation
9:00	Assertion group (Conflict Resolution) Whole Community	Wellbeing Ph33 Works Education	Assertions Whole Community	Works	8:30-10:30am General Meeting		Morning meeting Pharmacotherapy
9:45	Pharmacotherapy/Works						
10:30	Morning Tea						
11:00	Trauma Informed Emotional Regulation Group	Wellbeing Ph1 Works Champions	Phase Group	Art Therapy Works	Phase Group - Relapse Prevention		Chores & House Checks Leave planning group
12:30	Lunch						
13:15	Medication						
13:30	Works Awareness Committee	Works Parenting	Cross Phase	Art Therapy Works	Commitments		
15:30	Works	Works	Works CD	Works	2:30 Leavers Reflections		
16:15	Community Business: Facilitations, house group, peer review						
17:00	Community Meeting			Phase Reviews	Community meeting		
18:00	Phase Dinner	Dinner		House Dinner	Dinner		
19:00	Structured Free Time	NAAA Free Time	Phase Group	Community Night	Structured Free time		
20:45	Medication						
21:15	Reflections - All of Community						
22:00	Bed Checks Lights out						
22:15							

example TC
timetable

Evidence Based Treatment



- Autrique, M., Pearce, S. & Vanderplasschen, W. (2015). The impact of a randomised trial on TC environments. *Therapeutic Communities: The International Journal of Therapeutic Communities*. Vol.36 (3) pp.137-144
- Best, D.W. Haslam, C., Staiger, P., Dingle, G., Savic, M., Bathish, R., Mackenzie, J., Beckwith, M. & Lubman, D.I. (2016). Social networks and recovery (SONAR): characteristics of a longitudinal outcome study in five therapeutic communities in Australia. *Therapeutic Communities: The International Journal of Therapeutic Communities*. Vol.37 (3) pp.131-139
- McKetin, R., Kothe, A., Baker, A.L., Lee, N.K., Ross, J. & Lubman, D.I. (2018). Predicting abstinence from methamphetamine use after residential rehabilitation: Findings from the Methamphetamine Treatment Evaluation Study. *Drug & Alcohol Review*. Vol.37 (1) pp.70-78
- Nelson, A. (2016). A therapeutic community training programme for Aotearoa New Zealand. *Therapeutic Communities: The International Journal of Therapeutic Communities*. Vol.37 (3) pp.149-158
- Yates, R. (2017). The rise and fall and rise again of the therapeutic community. *Therapeutic Communities: The International Journal of Therapeutic Communities*. Vol.38 (2) pp.57-59

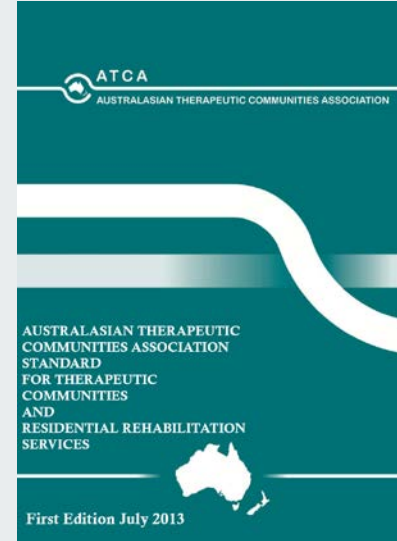
Australasian Therapeutic Communities Association (ATCA) Accreditation

ATCA is the peak body for TC's in Australasia

Windana & Odyssey House Victoria TC's received ATCA's Standard for Therapeutic Communities in Mid 2017

to achieve ATCA accreditation as a TC Windana & Odyssey House met the following :

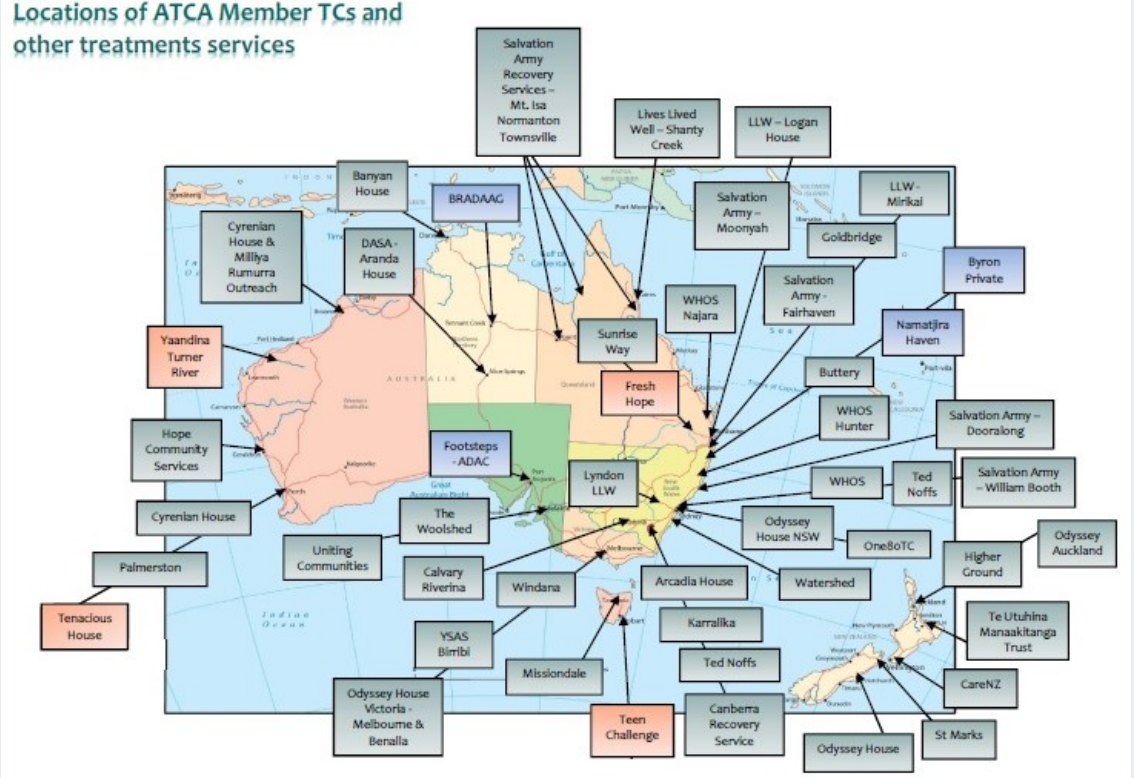
- 80% of all criteria labelled as 'essential' must be achieved (criteria 1–13)
- Criterions are based on the 79 Essential Elements
- Performance Expectation 7.1 "Community as Method" must be within the 80% of achieved criteria
 - a the Therapeutic Community programme applies the Community as Method approach*
 - b the Therapeutic Community has distinct stages which cover assessment, orientation, treatment, transition and re-entry*
 - c the Therapeutic Community approach is multidimensional. It involves therapy, education, teaching values, and skills development*
- Management, staff and residents are aware of the TC model within the criterions



ATCA TC Member's across Australia & New Zealand



ATCA members provide more than **70 Therapeutic Communities** and associated services across **Australia** and **New Zealand**



Part Two

Scenarios & Group Discussion

Scenario One

Spring is in the air and two residents **Peter** and **Michelle** have been down the back of the property kissing.

They asked **Sarah** to provide a watch for them and let them know if anyone was coming or looking for them.

Later **Peter** told his friend **Mark** about what had happened and **Mark** decided to let the **Senior Residents** know.

Apart from the Senior Residents all residents involved are early in their program.

What do you do as a staff member?

Scenario Two

A resident, **Jane**, in the middle stages of her program was asked by one of the parents to provide childcare while the parent attended a meeting in the evening.

Whilst providing childcare, **Jane** absconded from the program / property.

A few weeks later **Jane** applied for readmission and was accepted.

Are you going to allow the resident to provide childcare?

References

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Thank You & Questions?

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Lunch 12:30 – 1:30pm

Breakout 5 – 7: dining room area

Breakout 8: Simmonds Room