



# SERVICE GAPS

## DELACOMBE

1. Gender-responsive service provision in the AOD system
2. Shifting landscapes for people who use performance and image enhancing drugs
3. Understanding realistic achievements within a three-month therapeutic community residential rehabilitation program

### Platinum Sponsors



# Understanding realistic achievements within a three-month therapeutic community residential rehabilitation program

Douglas Shaw, Grampians Therapeutic Community

Platinum Sponsors

# **Understanding Achievability within a 3- Month Therapeutic Community**

**Douglas Shaw**

Manager, Grampians Therapeutic  
Community

# Key points

- What is a Therapeutic Community (TC)?
- What does the Grampians Therapeutic Community (GTC) offer?
- Client Assessment Inventory (CAI)
- Depression, Anxiety & Stress Scale (DASS-21)
- What do we mean by “achievable”?
- What can be achieved?
- Who is best suited?





# **What is a Therapeutic Community (TC)?**

# What is a TC?

**“The adaptation of the TC to different settings and different populations has resulted in a proliferation of programs with unique treatment protocols [...] this wide diversity of programs makes it difficult to evaluate the general effectiveness of the TC modality.”**

(De Leon, P 4-5)

**“Teaching the TC approach has been primarily accomplished in the oral tradition.”**

(De Leon, P 5)

**“No two TCs are alike.”**

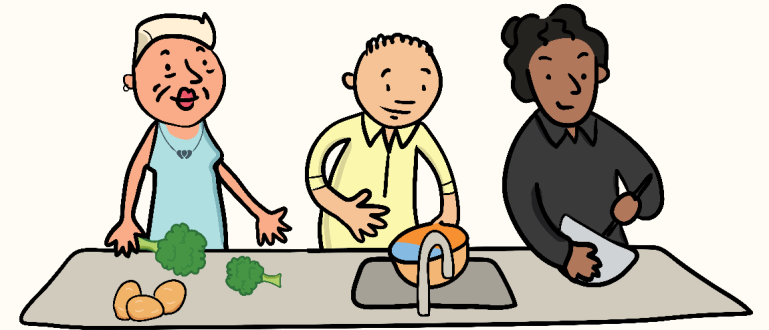
(De Leon, P9)



# What is a TC?

## Fundamentally, the TC is:

- Peer Led / Self Directed
- A behavioral change program (as opposed to a cognitive change program)
- Split into three clear phases, with differing responsibilities at each phase
- Staff are present to facilitate these changes in a safe environment



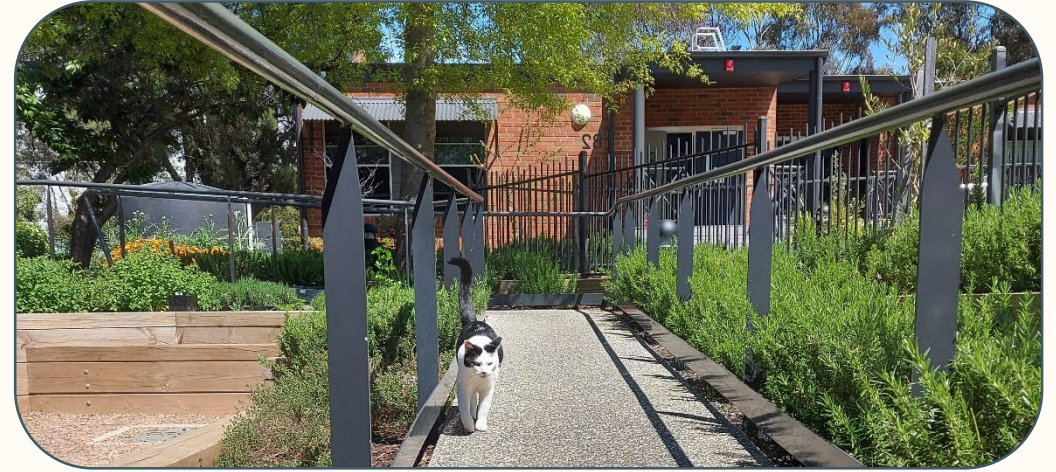


**What does the GTC  
offer?**

# GTC



- Up to 20 Residents; larger “staff involvement” than “traditional” TCs
- Post Care Integration House
- Large emphasis on psychoeducation
- Large emphasis on developing recovery capital
- Large emphasis on biopsychosocial needs



Time	Monday	Tuesday	Wednesday	Thursday	Friday		
6:00	Breakfast and Personal Morning Routine	Breakfast and Personal Morning Routine	Breakfast and Personal Morning Routine	Breakfast and Personal Morning Routine	Breakfast and Personal Morning Routine		
6:30							
7:00	Morning Medications	Morning Medications	Morning Medications	Morning Medications	Morning Medications		
7:40	Recreation	Recreation	Recreation	Recreation	Recreation		
8:20	House Cleans	House Cleans	House Cleans	House Cleans / Seniors Meeting	House Cleans		
8:45	House Checks	House Checks	House Checks	House Checks	House Checks		
9:00	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting		
9:30			TL Meeting / Works			Morning Meeting	
9:45	Break	Break					
10:00	NVC	Topic Group		10:15 – Break	Relapse Prevention	Full Community Meeting	
10:15			Commitments				
10:30	Morning Tea	Morning Tea	Reclink	Morning Tea	Morning Tea		
11:00				Writers in Residence	Community as Method		
11:30	Phase Reviews/CDs	Wellbeing Group with Naturopath		Works	Works		
12:00	Works	Works		Lunch	Lunch / Resi Council Lunch		
12:30							
13:00	Lunch	Lunch / Seniors Lunch (Blue Room)		Lunch Medications	Lunch Medications		
13:30	Lunch Medications	Lunch Medications		Process (Combined)	Process (Split)		
14:00	Process (Combined)	Process (Split)		Afternoon Tea/ Planning Meeting	Afternoon Tea/ Planning Meeting		
14:30							
15:00	Afternoon Tea/ Planning Meeting	Afternoon Tea/ Planning Meeting	Afternoon Tea/ Planning Meeting	Afternoon Tea/ Planning Meeting	Afternoon Tea/ Planning Meeting		
15:30	Works / Awareness Council	Feedback	Community as Method	Works	Banksias (Commitments as necessary)		
16:00							
16:30	Afternoon Rec (Optional)	Afternoon Rec (Optional)	Afternoon Rec (Optional)	Afternoon Rec (Optional)	Afternoon Rec (Optional)		
17:00	Dinner Prep	Dinner Prep	Dinner Prep	Dinner Prep	Dinner Prep / Role Handover		
17:30							
18:00	Community Dinner	Community Dinner	Community Dinner	Community Dinner (Family/Supports Visitor Night)	Community Dinner		
18:30							
19:00	Community Night	Narcotics Anonymous	Personal Care	Evening Reflections			
19:30				Narcotics Anonymous (Spinners and Winners)	Optional TC Appropriate Movie / Complete Outcome Measures		
20:00	Evening Reflections			Evening Medications / Supper			
20:30	Evening Medications / Supper						
21:00	Night Time Recovery Routine	Night Time Recovery Routine	Night Time Recovery Routine	Night Time Recovery Routine	Night Time Recovery Routine		
21:30							
22:00	Bedtime (10:15pm Bed Checks)	Bedtime (10:15pm Bed Checks)	Bedtime (10:15pm Bed Checks)	Bedtime (10:15pm Bed Checks)	Bedtime (10:35pm Bed Checks)		
22:30							

Time	Saturday	Sunday
7:00	Breakfast until 8:30	Breakfast until 8:30
7:30		
8:00	Morning Medications	Morning Medications
8:30	Personal Morning Routine	Personal Morning Routine
9:00		
9:15	Morning Meeting	Morning Meeting
9:30		
9:45	Community Deep Clean	Break
10:00		Paperwork
10:30		
11:00	Morning Tea	
11:30	Community Deep Clean/Lunch Prep	Personal Time
12:00		
12:30		
13:00	Paperwork	
13:30	Lunch (Medications 1.30pm)	Lunch (Medications 1.30pm)
14:00	Contracts and Strats	Visitors on Property
14:30		
15:00	Social Enterprise/Weekend Event	Leavers Group
15:30		
16:00		
16:30		
17:00	Dinner Prep/Personal Care	Dinner Prep/Personal Care
17:30		
18:00	Community Dinner	
18:30		
19:00	Evening Reflections	Evening Reflections
19:30		
20:00		
20:30	Medications and Supper	
21:00	Night Time Recovery Routine	Night Time Recovery Routine
21:30		
22:00		Bedtime (10:15pm Bed Checks)
11:00	Bedtime (11:05pm Bed Checks)	





**What do we mean by  
“Achievable”?**

# Achievable

**By “achievable”, we are referring to two key things.**

1. The quantitative and measurable areas.
  - In this case, the CAI and DASS-21
2. The qualitative areas that require closer examination.

Due to time constraints, we will focus on the quantitative, with a brief examination on qualitative.



# **Client Assessment Inventory**

# Client Assessment Inventory

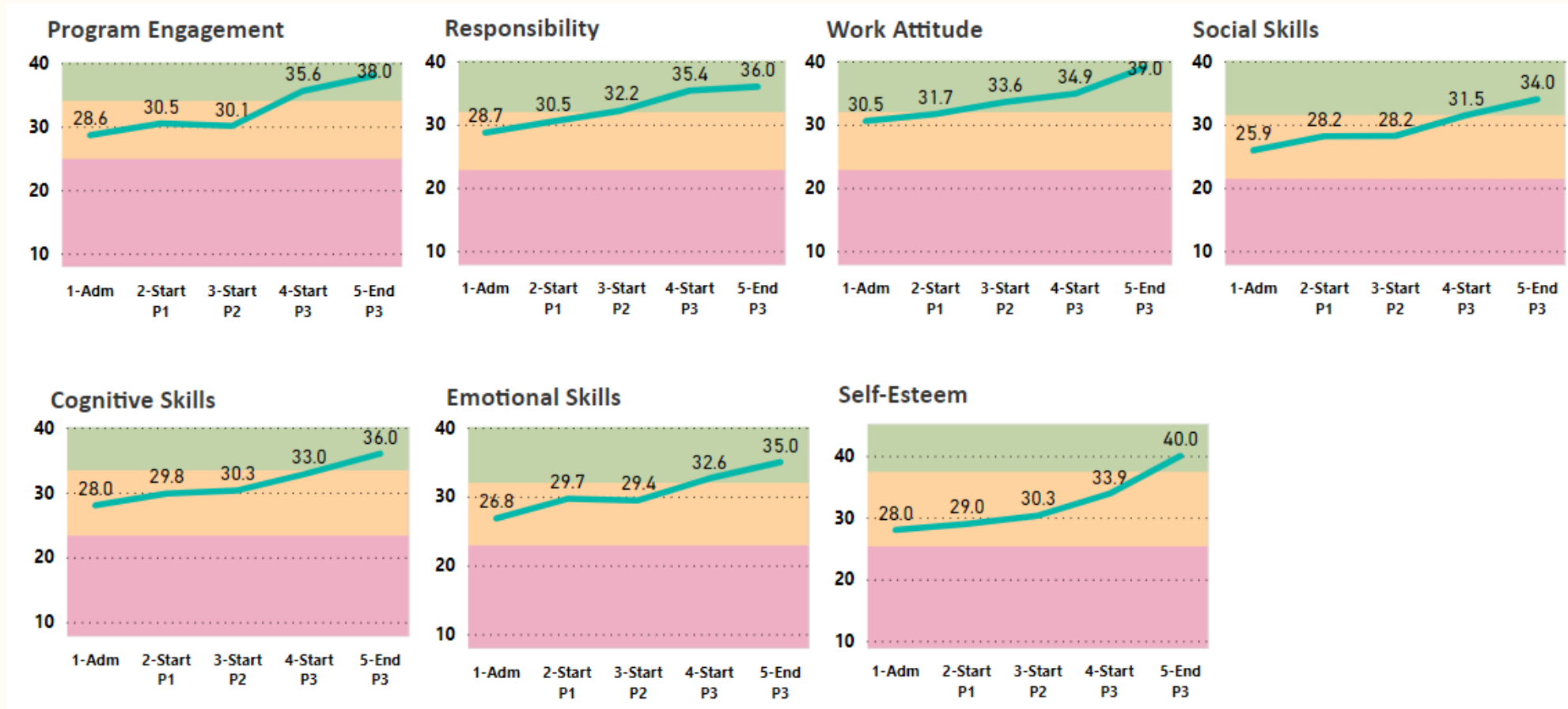
The Client Assessment Inventory is a measure utilised to track: Program Engagement; Responsibility; Work Attitude; Social Skills; Cognitive Skills; Emotional Skills; and Self-Esteem.

**The TC measures this at 5 separate points:**

- 1) Admission
- 2) Start of Phase 1
- 3) Start of Phase 2
- 4) Start of Phase 3
- 5) Graduation



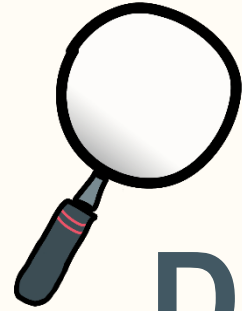
# Client Assessment Inventory



# CAI Measurements

- Program Engagement (28.6 – 38.0) + **11.4**
- Responsibility (28.7 – 36) + **7.3**
- Work Attitude (30.5 – 39) + **7.5**
- Social Skills (25.9 – 30.4) + **4.5**
- Cognitive Skills (28.0 – 36.0) + **8.0**
- Emotional Skills (26.8 – 35.0) + **8.2**
- Self-Esteem (28.0 – 40.0) + **12.0**





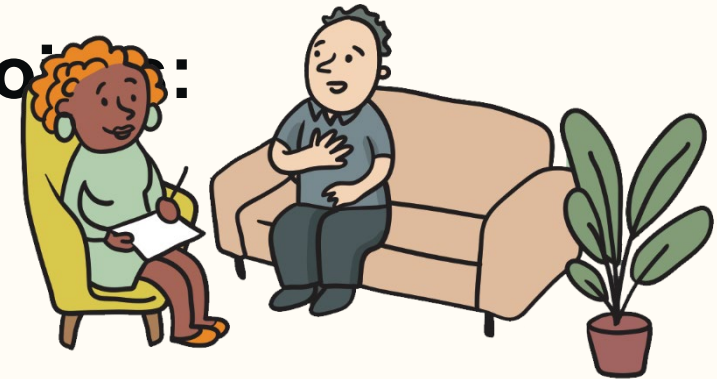
# **Depression, Anxiety & Stress Scale (DASS-21)**

# DASS-21

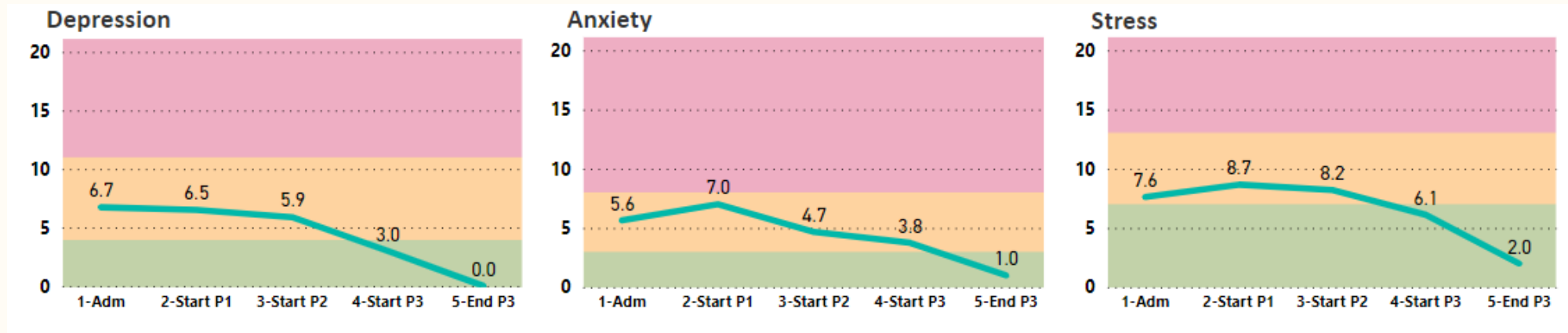
The Depression, Anxiety and Stress Scale is a 21-item measure that assesses three facets: depression; anxiety; and stress.

**The TC measures this at five separate points:**

1. Admission
2. Start of Phase 1
3. Start of Phase 2
4. Start of Phase 3
5. Graduation

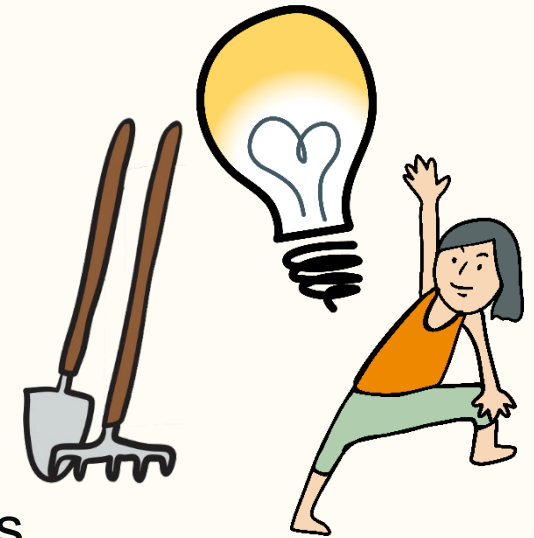


# DASS-21



# DASS-21 Measurements

- Depression (6.7 – 0.0) – **6.7**
  - Anxiety (5.6 – 1.0) – **4.6**
  - Stress (7.6 – 2.0) – **5.6**
- 
- We also notice a “spike” at the start of P1 for *Anxiety* and *Stress*.
  - We believe this can be attributed to having now held sobriety for approximately 21 days, and residents / clients having a greater understanding of the work they need to do.
  - We do then see a sharp decline at the start of P2, which correlates with the increase in work skills in the CAI. We propose that there is an overlap of self-efficacy that increases as people become more aware of their own skills.





**What can be  
achieved?**

## Achievable (all clients)

- Improvement in all areas of the CAI
- Improvement in all areas of the DASS-21





**Who is best suited?**

# Suitability

**Based on the combination of the data we have; plus, the modification of the TC program we believe there are *two* key demographics that we are able to work most effectively with:**

1. Clients who have never been to Residential Rehabilitation before.
2. Client who have *completed* more lengthy Residential Rehabilitation Programs.



## New to Residential Rehabilitation

- By having a larger Staff / Client Ratio, we can focus heavily on reducing “fear” of rehab spaces.
- By providing a total of 96 targeted psychoeducation modules, we aim to best inform our clients about their addiction patterns before leaving.
- By providing 48 group psychotherapy sessions, clients have reduced social anxiety.
- By implementing “works” roles, clients have greater self-efficacy to re-enter the workforce or pursue education.

# Returning to Residential Rehabilitation after a (re-)lapse

- Residents who have completed a larger program will re-adapt to the TC “way of life” rapidly, and after going through the first 21 days of habit formation, often default to the equivalent metrics of a P3 in a longer program.
- The 96 psychoeducation groups function as a “refresher” for what they already know, and reinforce.
- By providing 48 group psychotherapy sessions, clients can re-affirm their position in the world.
- By implementing “works” roles, clients re-enforce their capacity to integrate into society.



# Q&A

# Thank you

