



# Working with Co-Existing problems in a therapeutic community: When Democracy and Concepts meet

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# Aim

- To explore the conflicts and psychodynamic processes involved in the nursing treatment of co-existing problems at the Ashburn Clinic

# Content

- What is a Therapeutic Community?
- Situation in New Zealand
- Concept and Democratic TC's
- Therapeutic Culture
- Ashburn
- Substance Abuse Group
- Development /Description of the Addictions Programme
- Learnings/Difficulties

# What is a therapeutic community?

- Planned, structured environment
- Living-Learning Experience
- Whole organisation involved
- Medium to Longer-term treatment

# Definition of Therapeutic Communities:

- “...small cohesive communities where patients have a significant involvement in decision-making & the practicalities of running the unit. Based on ideas of collective responsibility, citizenship & empowerment, therapeutic communities are deliberately structured in a way that encourages personal responsibility & avoids unhealthy dependency on professionals”  
– Campling, P. (2001)



Capri

Odyssey

CareNZ: Spring Hill

Higher Ground

CareNZ: Waikeria

Queen Marys'  
closed 2003

Ashburn

Moana House

Care NZ: Otago

Care NZ:  
Hawke's Bay

CareNZ:  
Rimutaka

CareNZ:  
Christchurch

# Co-Existing

- Traditionally therapeutic communities have treated either Major Mental Health Issues or Major Substance Abuse/Gambling Issues.
- Not both...

# Differing Traditions

- UK: Therapeutic Communities- part of Psychiatry: Doctors and Nurses
  - Northfield Experiments (Treating traumatised soldiers using a therapeutic community)
  - Whole hospital or part of a larger hospital
- US- Therapeutic Communities- part of Self-Help
  - AA, Oxford Group, Synanon, Daytop, Phoenix
  - Stand-alone, NGO, Charity

# Main Features of Concept Based/Hierarchical TC's

- Following a particular concept e.g. AA, 12-Step
- Self-Help
- Homogenous Groups
- 'Closed' environments: not allowed leave/to be away from the programme
- Short/Medium time scale
- Behavioural/ confrontative
- Focus on Addiction, Addictive behaviour
- Hierarchical: loss/gain of privileges
- Often with Staff Graduates of the programme

# Main Features of Democratic TC's

- Part of the medical/professional system
- Heterogenous Groups: Distinction not made on diagnoses
- 'Partially Closed' environments: negotiated leave
- Medium/Long time scale: 6 months+
- Behavioural/ confrontative/ Psychodynamic
- Focus on Unconscious roots of affect, cognitions and behaviour & Flattened hierarchy
- Senior patients during stay, not after
- Not following a particular concept

# Democratic Therapeutic Community

- Shared decision making
- Involved in each others treatment
- Reach decisions by consensus or voting
- Each person has a say
- Staff & patients involved together in running of the community as members of the community

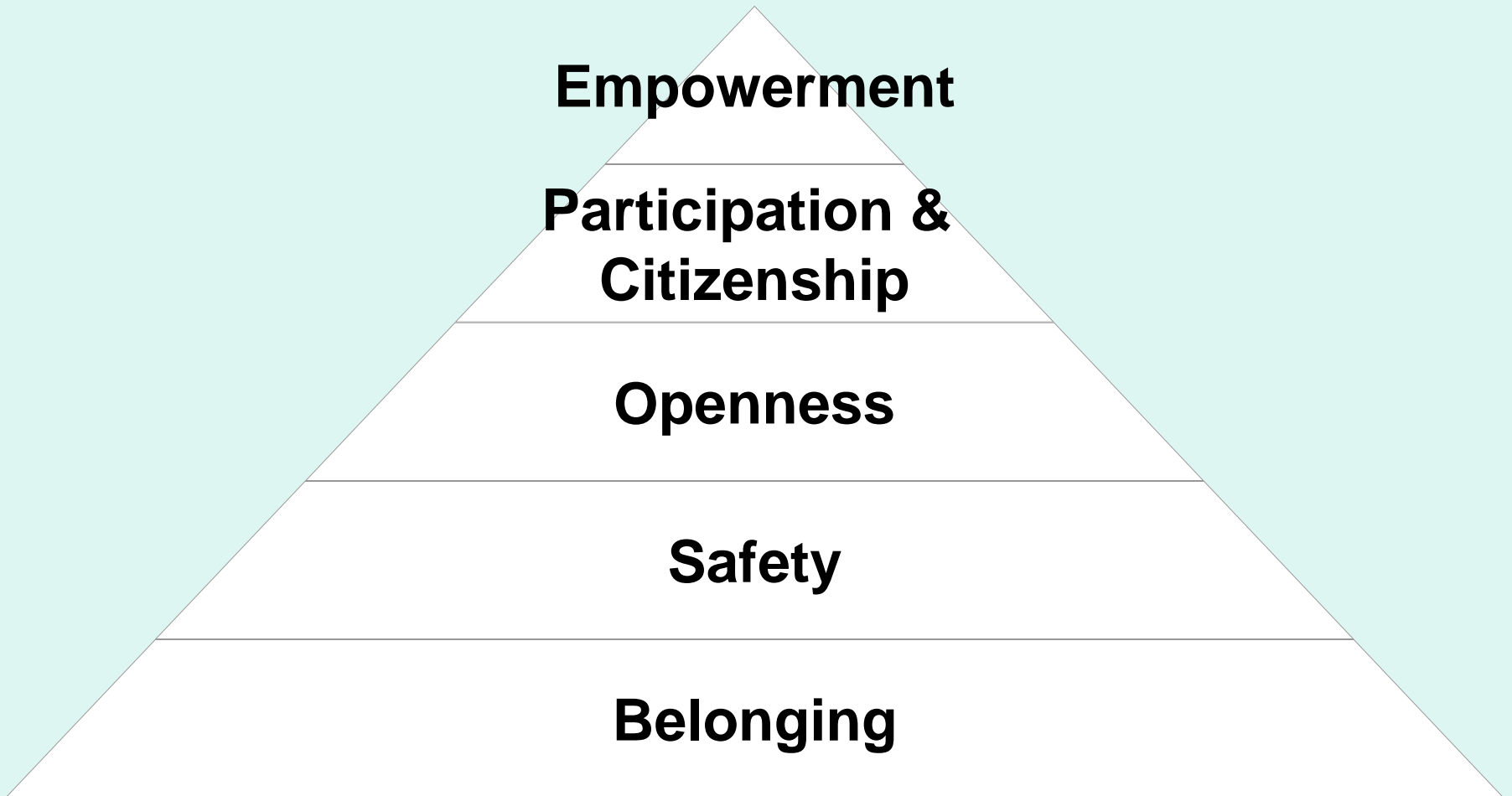
# How does the TC work?

- The total environment is therapeutic:
  - Creation, Development and Maintenance of a Therapeutic Culture

# Culture

- The set of shared attitudes, values, goals, & practices that characterises an institution, organization or group

# The ingredients of a therapeutic Culture (Haigh 1999)



# Culture of Belonging (Attachment)

- Sense of belonging: homely
- Membership is valued
- Members are valued
- Focus on joining & Leaving
- Buddy, welcome team (patients and staff)
- Invited to join in & be part of things

# Culture of Safety (Containment)

- Being respectful to one another
- Addressing ways that people are harmful to themselves or others: helping them to find other ways to cope
- We tolerate a wide range of behaviours & verbal expressions of feeling, & attempt to understand these rather than control them.
- Internal (relational) containment, rather than external containment

# Culture of Openness (Communication)

- Expectation of participation by all members
- General Informality
- Trying to understand each other
- Holding each other in mind
- Open communication between people is encouraged

# Culture of Participation & Citizenship (Involvement)

- Living & Learning Together
- Everything that happens in the day is part of the therapy, social time as well as formal groups
- We are Mindful of others & they are mindful of us
- Patients & staff have roles & responsibilities in the community: committees, cleaning, chairing meetings etc

# Culture of Empowerment (Agency)

- Patients are able to make changes in their lives & be supported to do so
- Progress to positions of responsibility
- Patients learn to solve problems together in unit, community & house meetings.
- Patients are seen as responsible for their own behaviour & for their own commitment to treatment



JAMES HUME

MEDICINE CENTRE

GYMNASIUM

ALBERTUS HOUSE

PARKING

# Ashburn Clinic (1882-)

- 1940's: Patient involvement in running the clinic: Committees
- Individual & Group Psychotherapy 1960's
- Therapeutic Community (democratic) 1970's
- SAGs (Substance Abuse Group): 1990
- Day Programme: 1995
- Specialty Programmes:
  - Eating disorders (10+ years)
  - Addiction programme (2 years)
  - Healthy Lifestyle Programme (1 month)

# Current Staffing

- 27 Nurses (Day, Evening and Night)
- 6 Admin/Clerical/Maintenance
- 5 Psychotherapists
- 4 Psychiatrists
- 4 Kitchen Staff
- 2 OT's

# Therapeutic Programme

- Community Meetings
- Large & Small Group Psychotherapy
- Structured Therapy Groups
- Art & Music Groups
- Committees/Chores/Jobs
- Therapeutic Leisure Activities
- Psychosocial time
- Individual Psychotherapy

# Therapeutic Process

- Few if any patients are referred for 'TC' treatment
- Capacity of 50 patients total
- 25 Ministry bed contract
- 2 units:
  - Inpatient unit with a Therapeutic Community Approach
  - Therapeutic Community Day Programme & Self-care Hostel

# TC Approach

- Combination of Acute Mental Health and Therapeutic Community
- Work to engage and involve people in the TC way of working
- MDT & Nursing Team is used to assessing and addressing motivation for treatment and enabling the patient group to take a role in this
- Task of engaging new patients in treatment, whether for substance misuse or mental health issues or both

# The Ideal Treatment Process

## Vignette

- Patient arrives and takes some time to settle in. Support from family/whanau.
- Assessment period of 2 weeks or so.
- On regular Obs (negotiated with the patient group)
- Some acting out or destructive behaviour occurs. This is managed by the Clinic team and the community.
- Patient becomes familiar with the TC

...

- Starts individual therapy
- Joins small group, uses the group
- Reduces self-harm/destructive behaviour
- Takes part in committees, leadership roles
- Suicidality is expressed rather than acted upon
- Becomes able to tolerate strong affect without resort to destructivity

...

- Involves family/whanau in treatment
- Self care at night
- Moves to day programme
- Works through past issues with the group
- Healthier relationship to self and others
- Reduction in problems, increased functioning personally, socially, culturally, spiritually, greater sense of well-being
- Patient leaves...



# Substance Abuse Group

- 20+ years ago the Clinic started the Substance Abuse Group
- Facilitated by Nursing staff
- Weekly psychodynamic group (1 hour)
  - current and discharged patients could work on the issues relation to their addiction.

# Substance Abuse Group

- Working with co-existing problems for 20+ years
- Where the major issue has been Mental Health SAGs provides a link to the individuals' other issues with substances, alcohol or gambling.
- 1990s small group of 4-6, middle aged alcoholics
- 2006: 20 patients in each group, younger, range of addictions increasing.

# Vignette: Alice

- Alice came to the TC with a history of self-harm, overdosing, suicidal behaviour and poly-drug use. Shortly after admission she had a meeting with one of the staff members that run the SAGs group. Alice spoke in detail about her use of alcohol prior to the suicidal behaviour. She did not consider it a problem. She also did not see the need to join the SAGs group.

# Alice...

- Alice later discussed her alcohol use in her individual therapy and in her small group. Other patients gave her feedback about their views on her alcohol and drug use. They were concerned about her attitude and thought she was keeping it there as a safety net. After some weeks she approached the SAGs staff member to request joining the group.

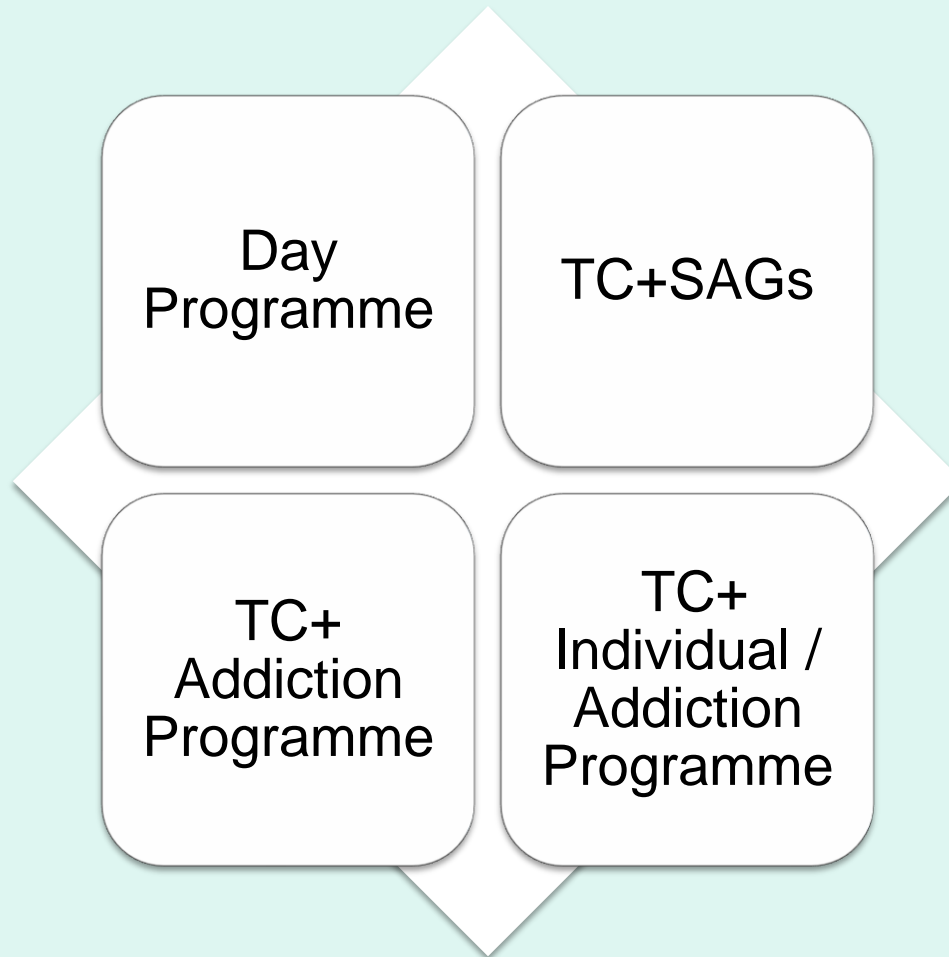
# Alice.....

- She has remained in the group since and has a clear sense of the connection of alcohol and other drugs to her destructive behaviour. She will also give feedback to other patients that she sees acting in a similar way to her.

# The 4 quadrants model



# The 4 quadrants model



# Conflicts/Psychodynamic Processes

- Alcohol/substance misuse can be hidden in a safe, contained space, such as the clinic: minimised, denied, rationalised away. Too safe?
- Used as an 'available way of coping' for patients with MH issues: reluctance to examine this or give it up.
- Different Rules for different patients: Can create tension/splits in staff/patients.



# Development from SAGs

- For some people the Substance Abuse Group was not enough.
- Challenge to maintain a coherent treatment, rather than fractured into separate parts
- Treatment philosophy which didn't differentiate between diagnoses.
- Eating Disorder programme had been running for 10 years

# Eating Disorder Programme

- Cohort of patients
- Separate/distinct programme
- Joining in the TC where possible
- Different rules re: Leave, Meals, Activity
- Often chronic eating disordered patients: become part of personality
- Weekly focused group
- Dietician

# 'EDP' Group

- Weekly group to provide education to the Eating Disorder cohort
- Facilitated by a Specialist Nurse and Psychiatrist
- Identification with a group of patients with similar issues
- Other patients become involved: noticing over-exercising, weight loss/gain, bingeing, starving, use of food during meals

# Addictions Programme

- Cohort of patients
- Separate/distinct programme
- Joining in where possible
- Different rules re: Leave
- Not engage in programme / use alcohol/drugs etc=leave
- Daily focused group
- Psychiatrist & Addictions Nurse

# Stage one: Detox

- Detox programme for those patients who require such a service.
- Using the skills and experience of our inpatient team, the Clinic is able to offer residential, medically supported detoxification from most substances.

# Stage two: Assessment

- Two week assessment period
- both patient and the Clinic decide if the patient is suitable for entry into the Programme.
- Full medical, psychiatric and motivational assessments are carried out

# Stage two: Assessment

- Results are discussed openly with the patient and their support network where appropriate. Once agreement is reached, the patient will proceed to the next stage.
- Or leave or transition to main TC programme

# Stage three: Treatment

- 8 week, intensive programme combining the full range of treatment options available at the Ashburn Clinic by way of the therapeutic community approach
- Daily, specific group sessions to address the educational needs of the addiction cohort: teaching, group discussion, skills training, Recovery Focused.
- Facilitated by an Addictions Specialist Nurse and OT

# Vignette: Jack

- Jack has been a member of the community for the last 2 months. He got into an argument with another patient about who should've been feeding the cat. He left the clinic and went to the Octagon, where he had a number of beers. Jack returned to the community in an intoxicated state and went straight to bed.

# Vignette: Jill

- Jill has been a member of the community for the last 2 months. She got into an argument with another patient about who should've been feeding the cat. She left the clinic and went to the Octagon, where she had a number of beers. Jill returned to the community in an intoxicated state and went straight to bed.

# Outcome: Jack

- Jack was questioned about his behaviour in the community and patients discussed his actions with him. This was considered as part of Jack's destructive behaviour and he would need to work on this. This was early in his stay and he needed to make serious changes to how he coped with conflict.

# Outcome: Jill

- Jill was questioned about her behaviour in the community and patients discussed her actions with her. As Jill was on the Addictions Programme she had broken her agreement and would need to leave. Jill left later on that week.

# Integration of Democratic and Concept TC's

- Cohort of patients provides a homogenous group
- SAGs provides the senior patients post treatment
- Different set of rules: Abstinence, No leave, possible Drug/Alcohol testing, fixed-term, no individual psychotherapy
- Not the same as a Concept TC: psychodynamic
- Broader culture facilitates change

# Main Features of Concept Based TC's: replicated?

- Self-Help ✓
- Homogenous Groups ✓
- 'Closed' environments: not allowed leave/to be away from the programme ✓
- Short/Medium time scale ✓
- Behavioural/ confrontative ✓
- Focus on Addiction, Addictive behaviour ✓/×
- Hierarchical: loss/gain of privileges ×
- Often with Staff Graduates of the programme ×
- Following a particular concept/group of concepts ×

# Learnings

- Problematic Behaviour, Self harm, suicidal behaviour, verbal abuse, destructive relationship patterns, gambling, alcohol use, drug addiction can be thought of as symptoms of underlying emotional distress
- As symptoms they can serve a common purpose: as a way of dealing with extreme emotional distress
- Often Addictions are minimised or seen as relatively harmless by patients in the TC with Mental Health Issues: led to an increased awareness

# Benefits

- Having patients treated for addictions highlights those patterns for others in the other parts of the programme
- Abstinent community (not nicotine yet!, definitely not caffeine!)
- Treatment tailored (one size does not fit all)

# In Conclusion

- Addictions and Mental Health Issues are able to be treated side-by-side in the therapeutic community.
- Nurses have a central role in enabling this process to happen.
- To work with Addictions there has been a need to incorporate more structures/rules that are similar to the hierarchical TC

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# Vignette: Brian

- Brian was diagnosed with schizophrenia and substance misuse issues. He was unable to use much of the TC programme and he largely had an individualised treatment, although he was able to join the smaller Addictions Programme. He disclosed drinking during one of his weekends away and left shortly after as a result.

# Most recently

- Recognised a difficulty in patients with Major Psychotic Illness and Substance Abuse Issues
- Unable to participate in the therapeutic programme at the point of arrival
- New OT led programme, supported by the Nursing Team focusing on Activities of Daily Living: 'Healthy Lifestlyes'
- Able to go on to participate in the Addictions Programme as well.

# Addictions Programme Info

- Started July 2009 (2 years ago)
- 45 people entered the assessment phase
- 21 (46%) people went onto the 8-week programme. Of these:
  - 14 (66%) completed
  - 6 discharged early because of substance/alcohol use (often at week 6 or 7)
  - 1 entered the main programme

# Of the 14 completers

- 2 are abstinent at 6 month and 1 year follow-up
- 5 are abstinent at 6 months and not yet reached 1 year
- 6 have not reached the 6 month mark
- 1 is unable to be followed up due to Christchurch Earthquake

# Early Indications for the Addictions Programme

- Good outcome if the 8 week programme is completed
- Danger period evident at weeks 6-7

