

TCs: Specific factors related to positive outcome

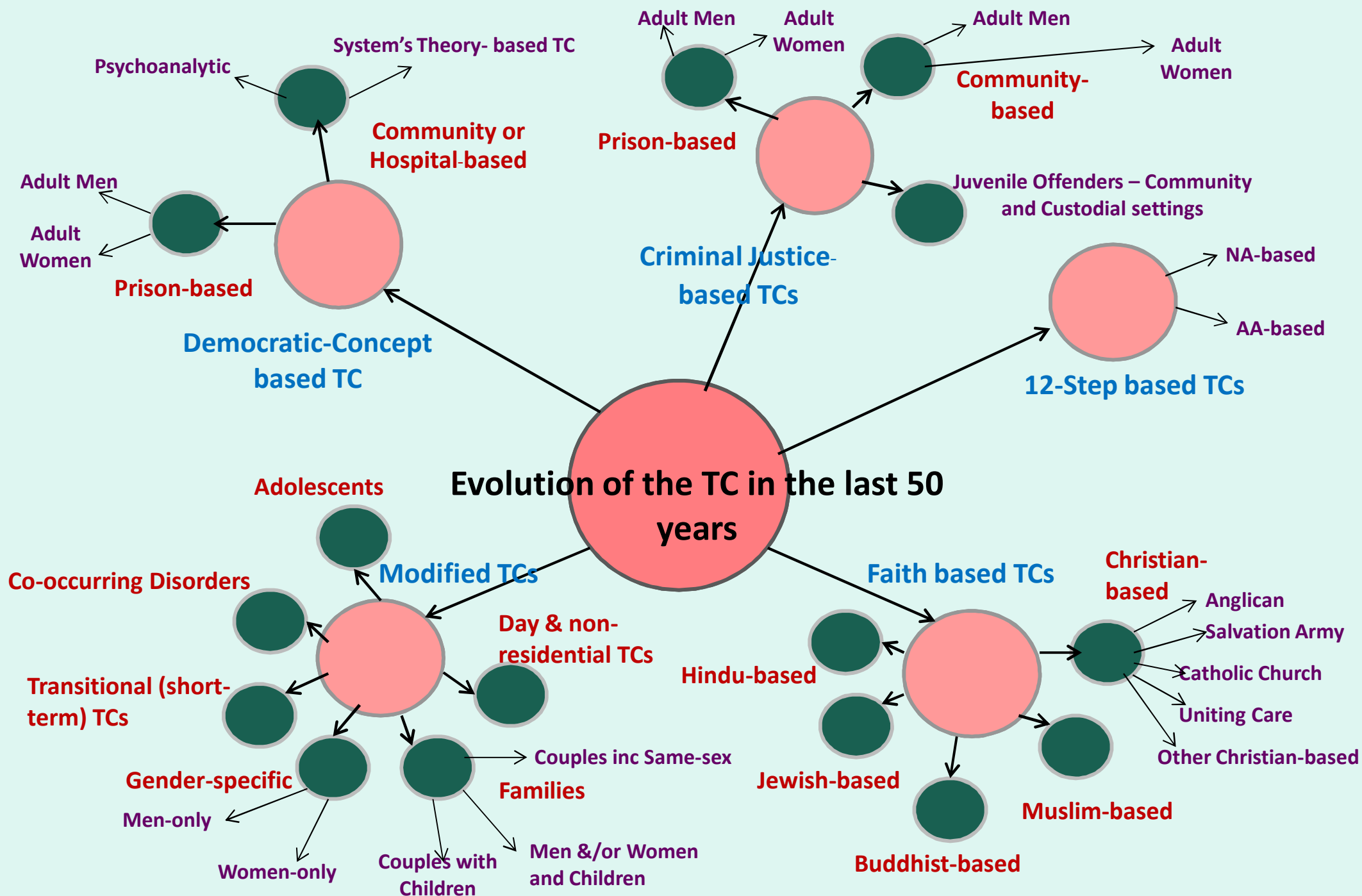
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Background

- Therapeutic communities (TCs) have evolved significantly since first established more than 60 years ago in UK and US, and over 40 years ago in Australia
- Worldwide, there is growing evidence for their effectiveness as a form of treatment for entrenched mental health problems, particularly addictions and personality disorders
- Equally used in educational, prison and learning disability settings





Background

- TCs treat substance use disorders through the creation of prosocial therapeutic cultures
- TCs provide an environment that empowers individuals to engage in self-help and mutual self-help, which supports the treatment process
- Various systematic reviews support the effectiveness of TCs in substance use treatment (Magor-Blatch, Bhullar & Thomson, 2014; Prendergast, Podus, Chang & Urada, 2002; Vanderplasschen et al., 2013)

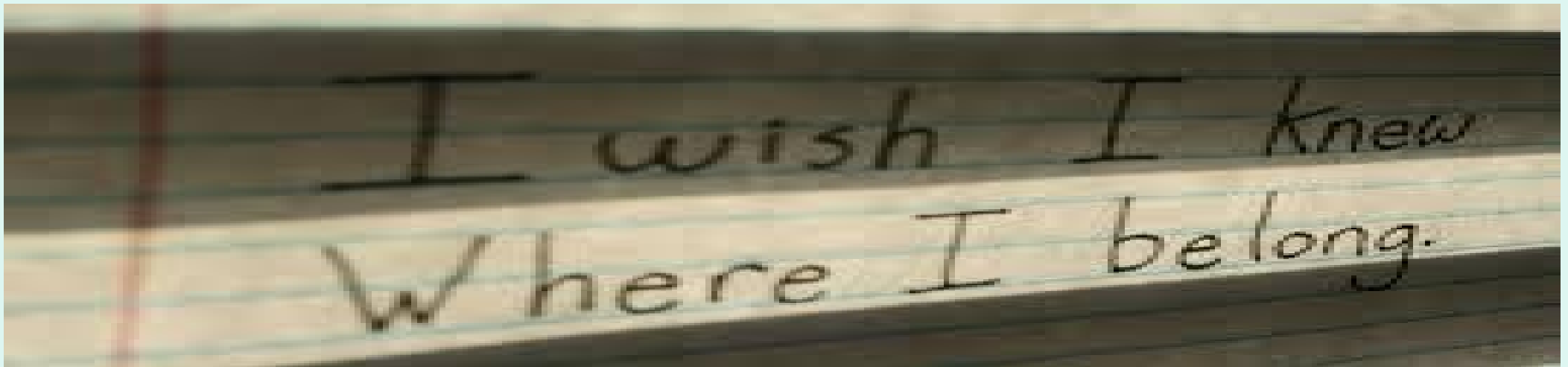


Hypotheses

- It is hypothesized that there are two specific factors which, in combination, contribute to TC effectiveness:
 - the promotion of a sense of belongingness
 - the capacity for responsible agency
- ” Both factors are found in other therapeutic approaches and are important to the psychosocial aspects of psychiatric care
- ” Combination, extent and emphasis are unique to TCs (Pearce & Pickard, 2013)

Belongingness

- “ Belongingness constitutes a fundamental human motivation
- “ Contact must be frequent, stable over time, positive and expressive of mutual concern
- “ Belongingness has been found to be correlated with positive adjustment (hope) in adolescents (Davidson, Wingate, Rasmussen, & Sligh, 2009)
- “ Correlation particularly strong in peer-to-peer belongingness
- “ Belongingness also linked to rises in self-esteem



Belongingness

- Research on guilt, loss and loneliness all point to the central part played by belongingness in wellbeing
- Decreased belongingness is associated with increases in stress and mental health problems, as well as somatic illness such as heart disease (Hawkley, Burleson, Berntson, & Cacioppo, 2003)
- Increases in belongingness lead to a decrease in health problems and an overall increase in happiness (for a review, see Baumeister & Leary, 1995)
- A psychotherapeutic approach that is able to promote belongingness is therefore likely to have a range of beneficial effects

Belongingness and the TC Environment & Method

- The essential elements necessary to promote a sense of belongingness are: (1) frequency of contact; (2) longitudinal stability; (3) positiveness of the contact; and (4) the presence of mutual concern (Baumeister & Leary, 1995)
- In TCs, mutual concern is promoted beyond professional concern shown by staff
- TC relationships are characterized by challenge, support and shared responsibility
- Both residential and non-residential TCs provide systems of support to resident members



Core Standards

- TC core standards as, exemplified by ATCA Standard, require community members share responsibility for one another, make collective decisions that affect the functioning of the community, and consider and discuss their attitudes and feelings towards each other
- Development of mutual concern promoted through the TC structure: regular meetings, formal and informal activities in which work, play and therapy are engaged in cooperatively
- Structure in which relationships between members are regularly considered and members are encouraged to share responsibility for each other both individually and as a community

Effects of TC treatment

- Some of the effects of TCs are predicted directly by belongingness research and provide direct evidence of belongingness as a central aspect of successful TC treatment
- Increase in sense of belongingness is associated with reductions in suicidality and aggression, and an increase in feelings of well-being
- These are areas in which TCs appear to have an effect (Barr et al., 2010; Dietz, Connell, & Scarpitti, 2003; De Leon, Sacks, Staines, & McKendrick, 2000; Shuker, Sullivan, & Rivlin, 2010)
- Reductions in aggressive and disruptive incidents in prison TCs (Dietz, Connell, & Scarpitti, 2003; Newton 2010) tally specifically with research linking lack of belongingness to aggression and paucity of prosocial skills

Responsible agency

- Promotion of responsible agency is central to any psychotherapeutic model aiming at behavioural change
- Behavioural change is crucial to improvement and recovery
- Recovery requires the person to take active steps to change unhelpful habits or entrenched patterns of behaviour: to choose to do things differently, and to find the will to execute this choice
- This often requires a basic shift in attitude: behaviour that may feel compulsive and out of control comes to be recognized as an expression of choice and subject to at least a degree of control

Responsible agency

- “ Responsible agency involves two basic capacities:
 - Cognitive capacity to reflect on one’s behaviour, make decisions about how to do things differently, form resolutions, and commit to change
 - Practical capacity to see this resolution or commitment through
- “ Improved self-esteem crucial causal agent to promotion of responsible agency
- “ One reason why TCs are effective: sense of belongingness improves self-esteem, and is an essential precondition of the effective promotion of behavioural change

Responsible agency and the TC environment and method

- “ In TCs, promotion of responsible agency is explicit
- “ TC members are responsible for numerous day-to-day aspects of community life, such as cooking, cleaning, hosting, administration and taking on responsible roles in the community
- “ There is an expectation of responsibility for various roles and tasks within the community; if members do not take part in these responsibilities, they receive feedback from the community, along with support and encouragement to fulfil their responsibilities and roles
- “ TCs encourage responsible agency via the general capacity to reflect, decide and enact change

What is the research agenda?

Professor David Best

1. Stakeholders

- Clients
- Family members
- Other AOD treatment providers and professionals
- Commissioners
- Academic community

2. Key questions - outcomes

- Establishing short and long-term effectiveness
- Duration and content of programmes
- Establishing 'essential elements'
- Matching effects
- Embedding TCs in recovery pathways
- Establishing appropriate and consensual measures

3. Key questions - process

- Structure and location
- Staffing
- What do we mean by pure and modified TC?
- Inclusion criteria
- Staging of treatment and progression
- Quality and evidence-based practice
- Satisfaction of stakeholders
- Retention and completion

Turning Point work and innovation

- Patient pathways: The central role of residential treatment in successful outcomes
- ARC grant in partnership with Deakin and UQ: Outcomes and social networks
- Salvos partnership: Reciprocal Community Development
- Partnership with Odyssey: Recovery Care Planning
- Social network and social identity mapping

Building on success

- ATCA offers a strong infra-structure
- Key academics committed to TCs and the research agenda
- Considerable diversity in provision and pathways
- Strong TC sector
Established research working processes and partnership

Key tasks for ATCA research

- Establishing a coherent working group
- Identifying a partnership with a set of TCs
- Creating special interest clusters
- Creating a research infra-structure
- Research capacity building - student projects; libraries; grants and project officer
- Communication and dissemination
- International links