



A Standard for Young People in Therapeutic Community Treatment

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What I'm going to cover

- ▶ Why do this research?
- ▶ What the research involved;
- ▶ What the research found;
- ▶ Directions for future research.



Why do this research?

I was required to complete a research project – we all can't get enough of clinical evidence-based research.



I love therapeutic communities, who doesn't?

Standards, certification, quality assurance processes.

The function of standards and QA processes

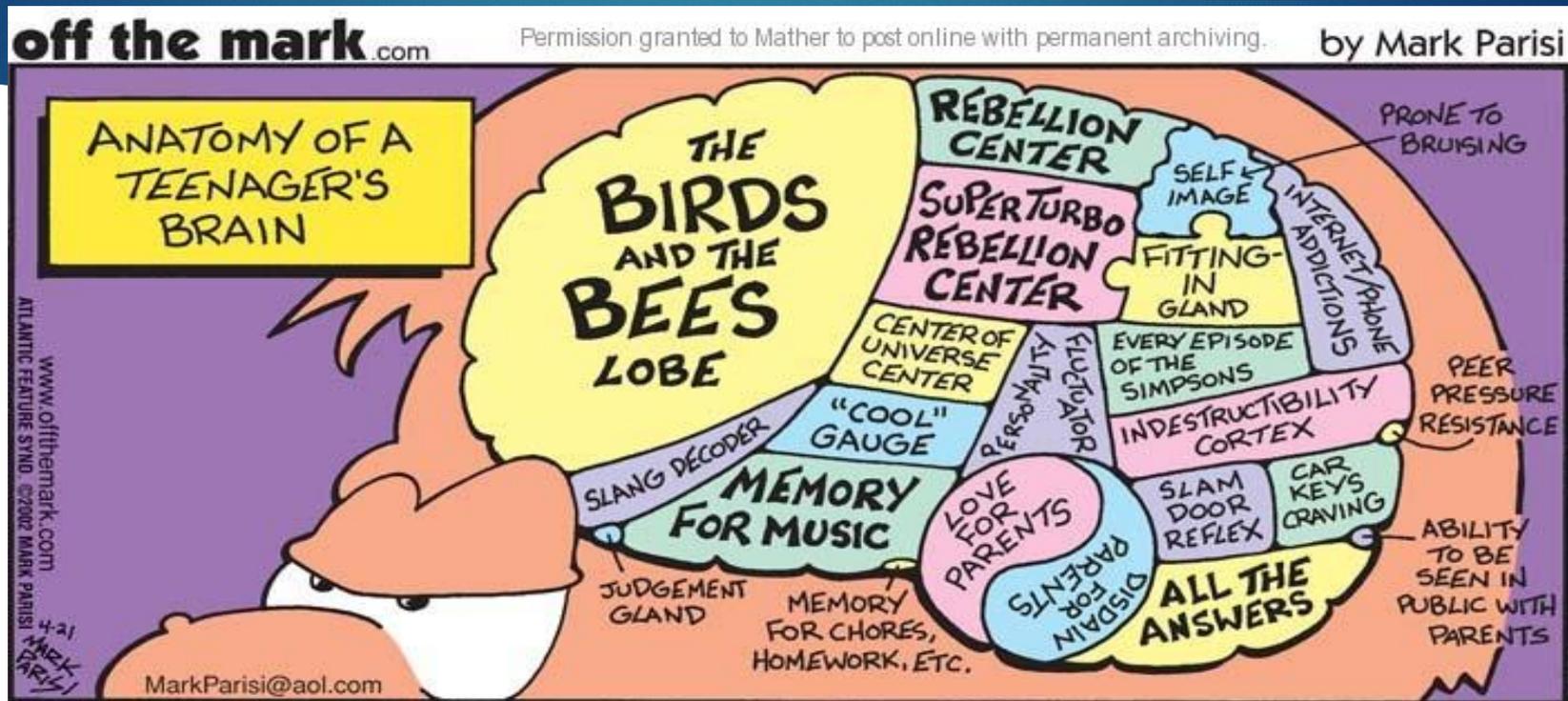
- ▶ Provide consistency (Greenfield et al., 2012);
- ▶ Inform the community (Rundle, 2010);
- ▶ Protect clients (Australian Council for Safety and Quality in Health Care, 2008);
- ▶ In other words – to maintain ‘best-practice’ principles.



Why is a Standard important for TC work?

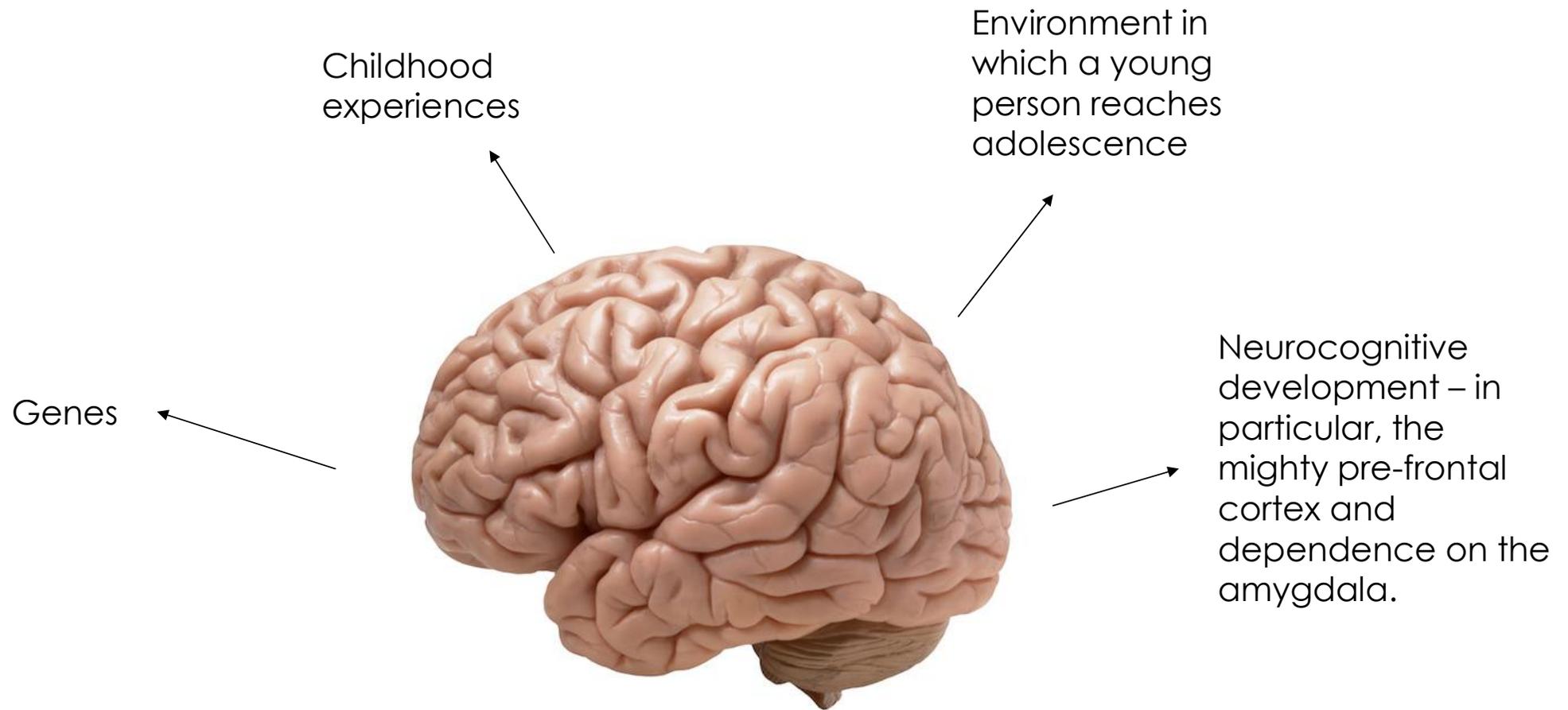
- ▶ The rise of the MTC and problems that this brought – fidelity issues;
- ▶ Development of the Essential Elements;
- ▶ Development of the SEEQ (Melnick & De Leon, 1999);
 - ▶ TC perspective;
 - ▶ Community as therapeutic agent;
 - ▶ Agency – treatment approach;
 - ▶ Educational and work activities;
 - ▶ Formal therapeutic elements;
 - ▶ Process.
- ▶ Ranked out of 5 – measures perceptions of importance of the elements.

Young people and MTC AOD treatment



▶ Young people are not considered 'adults', because they're not – they have different treatment needs and programs need to be able to demonstrate how they address these needs, while still working within a TC framework.

Factors that influence adolescent behaviour



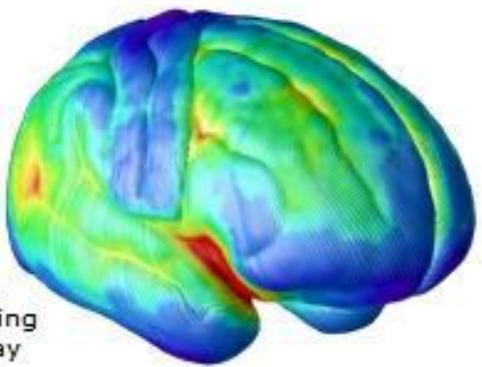
(Ruder, 2013)



The adolescent brain has different treatment needs

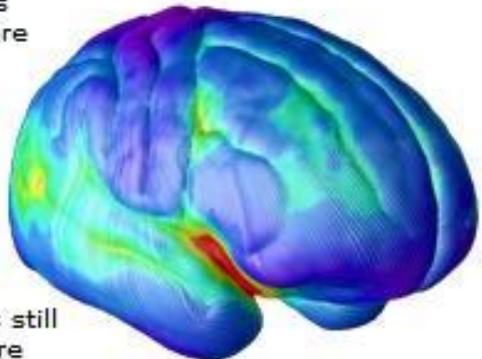
Age 12

During adolescence, the brain is undergoing a lot of changes. Gray matter diminishes as neural connections are pruned.



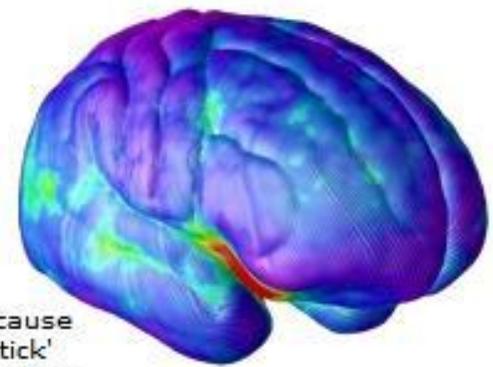
Age 16

Because the brain is still developing, it is more sensitive to drugs.



Age 20

The changes drugs cause are more likely to 'stick' and become hardwired as addiction by adulthood.



- Have a unique opportunity for treatment – let's not hardwire those neural pathways;
- Can be a difficult group to work with – consequences of poor pre-frontal cortex development, and working within 'normal' development;
- Brains change in response to experiences – amazing! Think about the different we can make with this group!

(Ruder, 2013)

Despite these specific treatment needs - few standards developed for young people's clinical care

- ▶ Standards that currently exist are in relation to wider operational perspectives;
- ▶ So what happens? Adult sector standards are applied to the youth settings;
- ▶ But, does this actually work? And, what does 'work' mean?



This study wanted to see whether application of the ATCA Standard was applicable and relevant to youth MTCs



What we did

- ▶ Met with some kind souls at the 2014 ATCA conference who provided feedback and contributed to the development of the ATCA Standard Interpretive Guide for Youth MTCs and Residential Rehabilitation Services;
- ▶ Three youth MTC services agreed to participate in the pilot trial of the Interpretive Guide as part of the ATCA Certification process;
- ▶ We asked staff members to complete a SEEQ pre- and post-self-review step of the certification process, and participate in a focus group at the end to record thoughts and experiences.

Our participants (in brief)

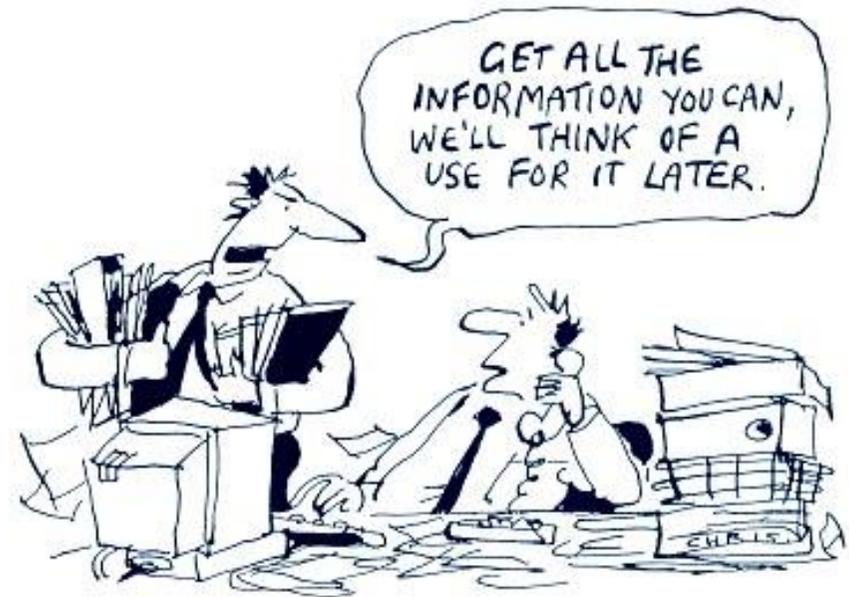


Study part	All	Service 1	Service 2	Service 3
1: Development of IG	$N = 15$	–	–	–
2: Trial	$N = 53$	18	20	15
3: Evaluation	$N = 33$	$n = 9$	$n = 15$	$n = 9$
a) Pre-Pilot SEEQ	$N = 33$	$n = 9$	$n = 15$	$n = 9$
b) Post-Pilot SEEQ	$N = 19$	$n = 8$	$n = 6$	$n = 5$
c) Focus groups	$N = 21$	$n = 9$	$n = 7$	$n = 5$

Note. SEEQ is an abbreviation of Survey of Essential Elements Questionnaire. IG is an abbreviation of Interpretive Guide.

Data analysis methods (for those research inclined)

- ▶ Wilcoxon- signed ranks analysis, analysed by service and N for each TC dimension of the SEEQ (partially displayed next slide);
- ▶ Inductive thematic analysis for focus group data (as per Braun and Clarke, 2006).



**SEEQ
results**

Simply put – no significant differences.

TC dimension	Service	N	Pre- Median	Post-Median	z	p	r
TC Perspective	All	19	4.5	4.5	1.95	.051	.59
Community as Therapeutic Agent	All	19	5	5	-1.73	.08	.70
Agency: Treatment Approach	All	19	5	5	.00	1.0	0
Educational and Work Activities	All	19	5	5	-1.51	.13	.53
Formal Therapeutic Elements	All	19	4.5	4.5	-.37	.71	.13
Process	All	19	4	5	-1.08	.28	.32

Staff experience of completing ATCA pilot

Theme 1: The pilot trial improves practice

Reflection about practice

Identification of gaps in knowledge and practice

External practice measures as positive

Theme 2: The pilot trial can be improved

Young people should contribute to the process

Use of language in written material is a barrier

Time commitment needed to complete trial too much

Theme 3: Perceptions of differences between MTCs and traditional TC programs

Hierarchical structure is flatter

Responsibility is with staff not peers

Young people need stricter boundaries/supervision

Rules need to be applied with more flexibility

Digging a little deeper

- ▶ Received feedback that the pilot trial was beneficial, but some adaptations would improve it's efficacy – not unexpected.
- ▶ What are the stats telling us AND how do they fit with the qualitative data?

Always more questions!

► Two possible interpretations:

1. The changes, or differences, found in youth MTCs when compared to adult TCs produce a 'pseudo-parental' role with much more flexible rules, which isn't necessarily congruent with TC principles. Is this another type of intervention all together? Where are the mechanisms of change? How do the stats fit?

Or

2. There is a gap in TC specific knowledge within some participants of the youth MTCs, which is reflecting in some shifted conceptualisation of what is involved in a TC. How do the stats fit?

So, what does this mean?

HOW STANDARDS PROLIFERATE:



So what does this mean?

- The ATCA Standard is applicable (and beneficial!) when applied to a youth setting with use of the Interpretive Guide;
- However, experiences from participants suggest that some changes are needed, specifically, in relation to length and use of language.
- Recommendations: more research (!), accredited staff training for TCs (yay Matua Raki!), more interagency collaborations.



THANK
YOU

The image features the words "THANK YOU" in a stylized, 3D block font. The letters are light green with dark green outlines and shading to create a three-dimensional effect. The letter 'O' in "YOU" is replaced by a cartoon egg character with a brown, textured surface. The egg has a smiling face with closed eyes, a red tongue sticking out, and a small red nose. The entire graphic is set against a plain white background.

References

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