

Understanding Achievability within a 3-Month Therapeutic Community

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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.”

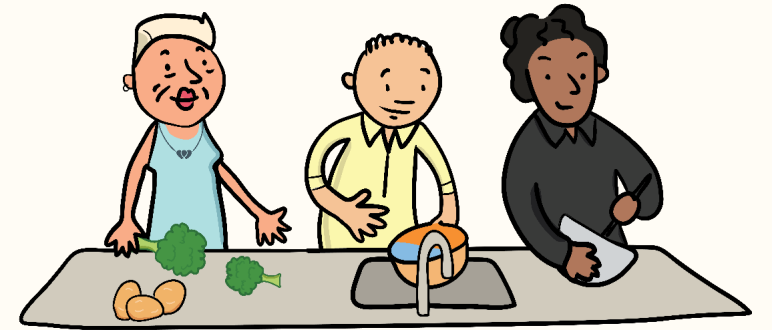
(De Leon, P9)



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



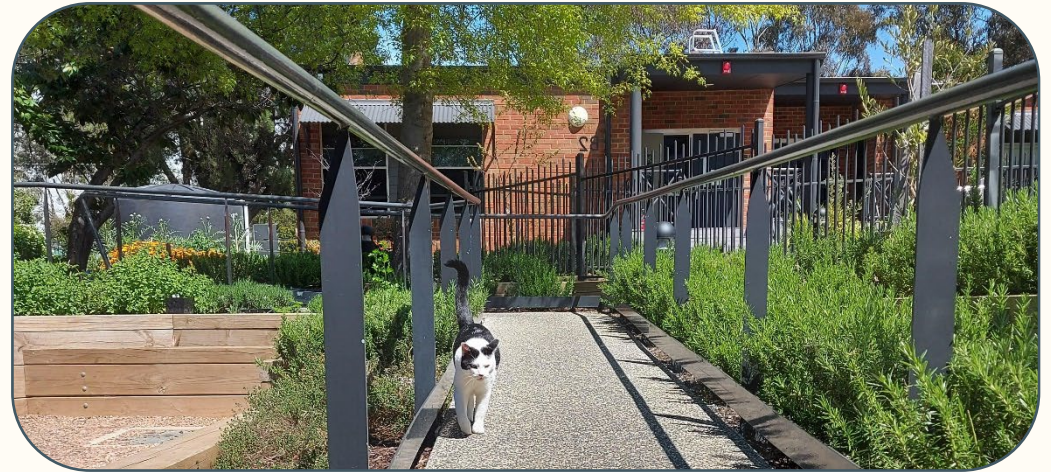


What does the GTC offer?

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								
9:45	Break	Break	TL Meeting / Works	Break	Break			
10:00								
10:15	NVC	Topic Group	10:15 – Break	Relapse Prevention	Full Community Meeting			
10:30								
11:00	Morning Tea	Morning Tea	Reclink	Morning Tea	Morning Tea			
11:30	Phase Reviews/CDs	Wellbeing Group with Naturopath		Reclink	Writers in Residence	Community as Method		
12:00								
12:30	Works	Works			Reclink	Works	Works	
13:00	Lunch	Lunch / Seniors Lunch (Blue Room)				Reclink	Lunch	Lunch / Resi Council Lunch
13:30	Lunch Medications	Lunch Medications					Reclink	Lunch Medications
14:00	Process (Combined)	Process (Split)	Reclink					Process (Combined)
14:30								
15:00	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	Community Night	Narcotics Anonymous	Personal Care	Evening Reflections				
19:00								
19:30	Evening Reflections		Narcotics Anonymous (Spinners and Winners)	Optional TC Appropriate Movie / Complete Outcome Measures				
20:00	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

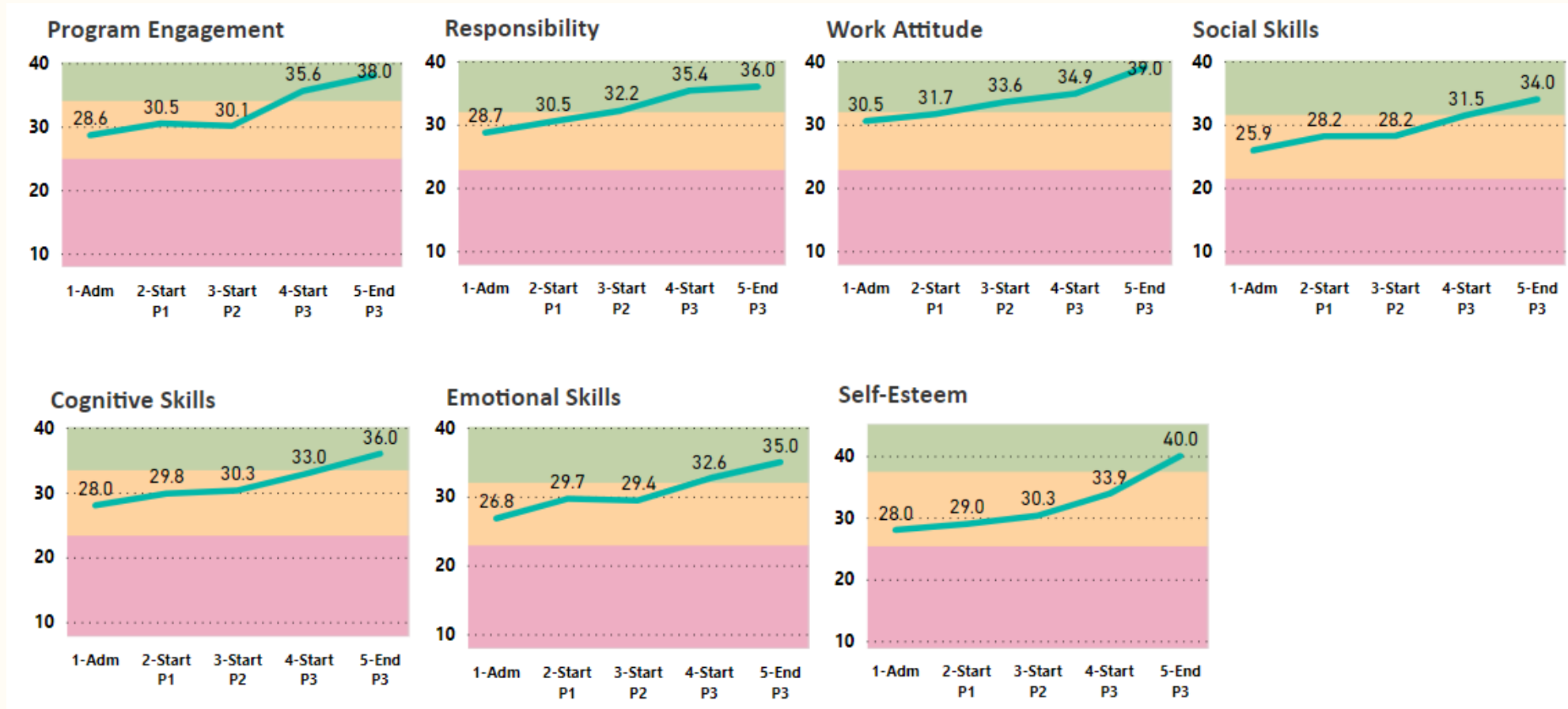
The Client Assessment Inventory is a measure utilised to track: Program Engagement; Responsibility; Work Attitude; Social Skills; Cognitive Skills; Emotional Skills; and Self-Esteem.

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



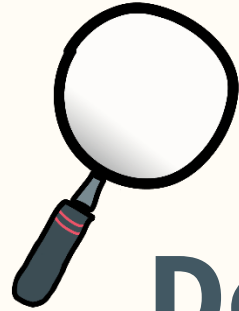
Client Assessment Inventory



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

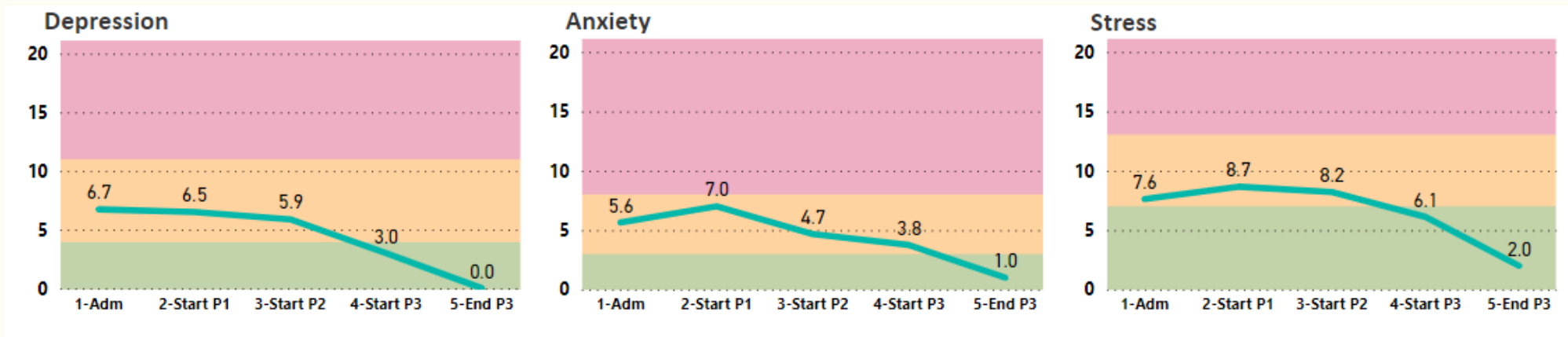
The Depression, Anxiety and Stress Scale is a 21-item measure that assesses three facets: depression; anxiety; and stress.

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

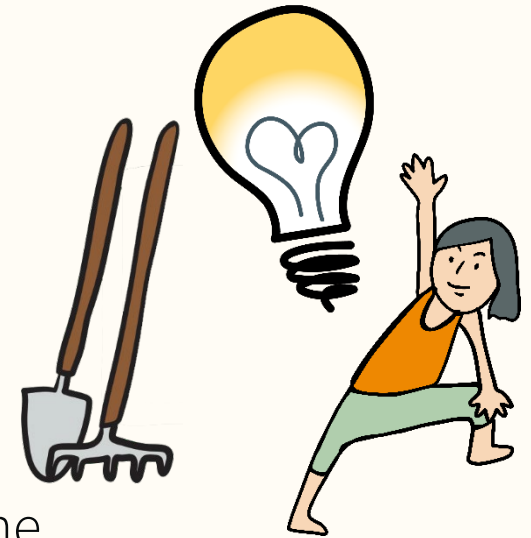


DASS-21



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

