



WHOS DAY PROGRAM

THERAPEUTIC COMMUNITIES

WHOS PROVIDES 5 (SOON TO BE 6 DAY PROGRAMS)



Nambour

Newcastle

Windsor

Penrith

Lilyfield

Goulburn

MODIFIED TCs

Long term to shorter term

Prison-based

Non-residential

INNOVATIVE

THERAPEUTIC COMMUNITY MODEL

Lived experience

Professionals, those with learned experience

Evaluation research

Program and staff quality and competence standards

Common components

Adaptations to new settings and special populations

Effectiveness of the TC model has been shown in positive outcomes for drug use, criminality and employment.

**(De Leon, 1987, 1989; De Leon & Rosenthal, 1989) and
(Hubbard, Craddock, Flynn, Anderson & Etheridge, 1997)**

**Their efficacy is supported by evidence-based research in Australia
(ATOS, 2002; Eassop et al, 2000; Guydish, 1999; Toumborou
et al, 1994)**

In the US through the

Drug Abuse Treatment Outcome Study (DATOS)

“The development of small cohesive communities where the therapeutic decisions and functions are shared by the whole community, and where the status differences between staff and residents are greatly reduced though not abandoned”

(Kennard 2000)

“What creates membership of a community, what binds a group of individuals together and creates a sense of belonging, is a commitment to struggle together”

(Sarah Tucker 2000)

“The community is a network of relationships for support and being supported. All patients are expected to play a part as both supporter and supported and this is to some extent true to staff”

(Hinchelwood).

“The TC process is one of social learning and social development. A basic tenet of the TC is that substance use is a complex condition combining social, psychological, behavioural and physiological dimensions.

It is a symptom of underlying social, psychological and/or behavioural issues which need to be addressed if recovery is to occur”

(Gowing, Cooke, Biven & Watts, 2002).

WHOS USED THE FEATURES THAT ARE COMMON TO ALL THERAPEUTIC COMMUNITIES

Holistic approach

The community impacts the recovery of the individual

Active participation in the community

Communication and relationships aid the recovery process

COMMUNITY AS METHOD

Member roles

Feedback from peers and staff

Role models

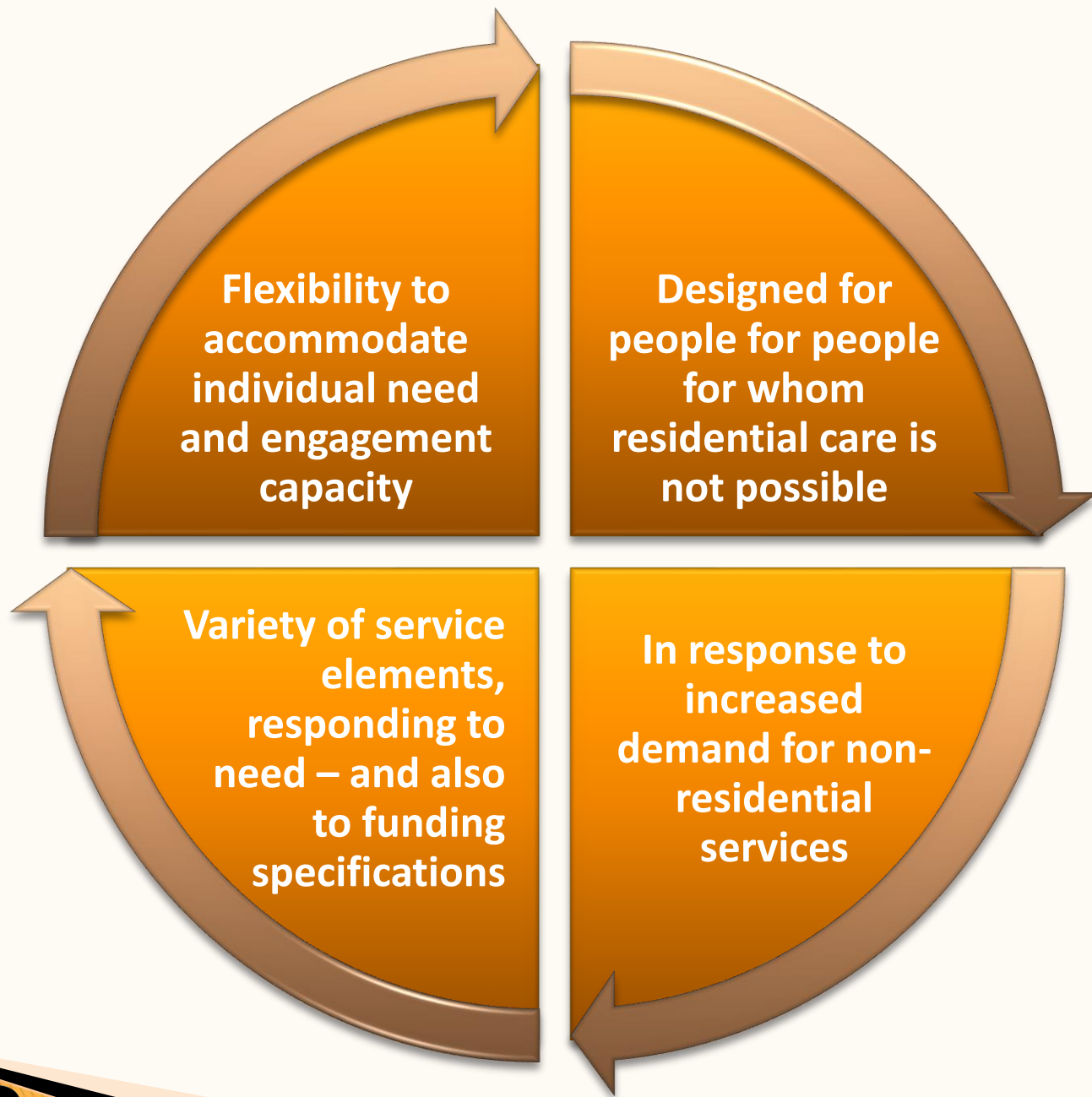
Friendships and healthy relationships

Collective learning

Internalisation of the TC culture

Structure and communication systems

Open communication



WHOS DAY THERAPEUTIC COMMUNITIES

What a day looks like

Morning group

Negotiate: menu - meal prep – clean up

Compile shopping list

Program group

Case management

Shopping

Group

Social time



How it works



Collective purpose

Like a residential TC community

Essential Elements

Self-help and mutual self help

Clean up crew

Timekeeper

Client Director

Doing life together

Support each other in the community
Celebrate significant events
Celebrate program milestones
WhatsApp group chat



Key aspects

**Elements of the
TC model bind
the community**

**Mutually
supportive
community**

**Community at
work**

**Helping
people help
themselves**

Assessment
& referral

Case
management

Group
program

Harm
reduction

Relapse
prevention

Social
skills



Groupwork is important in creating the TC atmosphere



- ✳ Utilises the elements of the TC model to promote the importance of being connected and creating healthy support networks and relationships.
- ✳ Groups and case management sessions reinforce this.

Connection and community is promoted through:

- ◆ The daily life of the Hub
- ◆ Networking with other clients
- ◆ Exposure to self-help groups - NA, AA and Smart Recovery
- ◆ Linkages with pre-employment support agencies
- ◆ User advocacy services such as NUAA

Thank you