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Staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting

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of the Effective Aspects
of Psychiatric Treatment within
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ABSTRACT

This study was undertaken to explore staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. Twelve staff members who had been working within a therapeutic community setting for a minimum of one year participated in semi-structured interviews which explored the various aspects of treatment which were considered to be particularly conducive to recovery. The total sample (N=12) included three participants from each of the four therapeutic communities included in the study: Gould Farm, Spring Lake Ranch, Hopewell Therapeutic Farm, and Cooper Riis. Since very little research has been conducted on the effectiveness of psychiatric treatment within a therapeutic community setting in the United States, it is hoped that this study will contribute to the dearth of literature on this particular topic.

The findings indicated that the effective aspects which were most frequently identified were: community membership, participation in the work program, opportunities for empowerment, and relationship building. Through the course of the interviews it became evident that these four effective aspects of treatment tend to overlap and intersect. Many staff members felt that it was the combination of these four themes which worked together as a whole to accomplish the positive treatment results.

STAFF MEMBERS' PERCEPTIONS OF

THE EFFECTIVE ASPECTS OF PSYCHIATRIC TREATMENT WITHIN

A THERAPEUTIC COMMUNITY SETTING

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER ONE

Introduction

The purpose of this study is to investigate staff members' perceptions of the effective aspects of psychiatric treatment within a *therapeutic community* setting. The type of therapeutic community setting which this researcher is studying can best be described as a democratic community. Campling (2001) defines a democratic therapeutic community (TC) as:

> A small cohesive community where patients (often referred to as residents) have a significant involvement in decision-making and the practicalities of running the unit. Based on ideas of collective responsibility, citizenship, and empowerment, therapeutic communities are deliberately structured in a way that encourages personal responsibility and avoids unhelpful dependency on professionals. (p.365)

Campling (2001) reports that therapeutic communities most often have a *flattened hierarchy* (a team approach in which staff members from a variety of direct service roles have equal input into the treatment) and delegated decision-making amongst community members. All individuals are seen as bringing their own unique strengths and creative energy into the therapeutic setting.

Although there have been some research studies which focus on the treatment of alcoholism and drug addiction within a therapeutic community setting (Melnick, De Leon, Hawke, Jainchill & Kressel,1997; Moore & Haugland, 1977; Stevens & Arbiter, 1995; and Yablonsky,1989); a review of the literature makes clear that very little has been written about the treatment of severe and persistent mental illness (SPMI) within a therapeutic community setting. Furthermore, the voices of staff members who work within psychiatric therapeutic community

settings are missing from the research. The need for this study is evidenced by the lack of research which has been conducted on this particular topic.

This research project attempts to contribute to the small pool of information available on psychiatric therapeutic communities and encourage mental health professionals to start considering alternative treatment modalities that are available to clients. Now that community mental health clinics are experiencing drastic budget cuts, individuals with SPMI are rapidly cycling in and out of inpatient psychiatric wards as a result of not receiving the support they need within the community. John Ziegler, spokesman for the Department of Mental Health states, "We know that cuts in community services eventuate in more hospitalizations and expensive in-patient care" (Seabol, 2009, p.2). Therapeutic communities are a treatment option which provides the individual with a supportive community in which to learn and grow.

Chapter two of this thesis surveys the literature most relevant to the current topic. The literature review begins with a survey of literature which defines the different types of therapeutic communities as well as the characteristics of these community settings. This chapter then provides a comprehensive history of therapeutic community treatment and then delineates the emphasis on community support which other countries employ. The literature review ends by describing several case illustrations of therapeutic community treatment.

Chapter three outlines the methodology this researcher utilized in conducting this study. This chapter begins by delineating the research design employed for this study and then describes, in detail, the demographic characteristics of the sample (N=12) of study participants. The chapter goes on to describe the data collection methods as well as the methods which this researcher utilized to analyze the data. Lastly, the methodology chapter describes the strengths and limitations of the current study as well as the researcher's bias.

Chapter four describes the findings of the current study. The findings are organized into four main categories: community membership, participation in the work program, opportunities for empowerment, and relationship building. This chapter gives voice to the participants in the study and provides numerous illustrations of the various aspects of treatment which were considered to be most effective.

Finally, chapter five provides a discussion of the findings and compares the findings of the current study to previous research and literature which has been conducted on the topic of therapeutic communities. This chapter discusses how the aspects of treatment which participants found to be most effective can be traced back throughout history. Then, this chapter delineates the implications of the findings for social work practice as well as social work education and training. Finally, this chapter reviews the limitations of the current study, makes recommendations for further research, and discusses the conclusions.

CHAPTER TWO

Literature Review

Definition and Characteristics of a Therapeutic Community

The treatment environment which is prevalent in therapeutic communities serving clients with alcoholism and drug addiction differs greatly from those serving clients with SPMI. For this reason, it is important to differentiate between the two types of therapeutic communities. Campling (2001) distinguishes the "democratic" therapeutic community (which was previously defined) from the "concept" or "behavioral" therapeutic community. She defines a "concept" or "behavioral" therapeutic community as being, "user-run communities for substance misusers with: a hierarchical structure; a reward system; fierce encounter groups; and a simple explanatory model of addiction and its treatment" (p.365). In democratic therapeutic communities: "The day-to-day experience of living and working together is felt to be as important as formal therapy, and the structure is such that the two are closely integrated and inform each other: the living—learning experience" (p.365).

Campling (2001) describes how Robert Rapoport conducted an anthropological study of a therapeutic community within Henderson Hospital which resulted in him publishing a book in 1970 based on his results, *Community as Doctor*. Based on his observations, Rapoport articulated five main themes or principles that characterized the structural organization of the therapeutic community he studied and the culture it produced. These five themes include: democratization, acceptance, communalism, reality confrontation, and reciprocal relationships. Apparently, these five themes are still seen in contemporary therapeutic communities. Campling (2001) strongly

believes that therapeutic communities have a valuable role to play in the future of mental health services. Additionally, she reports "There is a growing body of research suggesting that therapeutic community treatment has a positive effect" (p.371).

Re-defining "Social Integration" of Psychiatrically Disabled Adults

Ware, Hopper, Tugenberg, Dickey, & Fisher (2007) purport that "To effectively address the persisting problem of social exclusion of persons with psychiatric disabilities; new conceptual tools are needed" (p.469). Ware, et al. (2007) conducted a qualitative study to create a new definition of social integration. They gathered data from individual unstructured interviews with 56 adults who have been psychiatrically disabled (N=78 interviews) as well as ethnographic visits to 5 service sites working to promote social integration for their users (N=8 visits). They used an interpretive approach to analyze the data. This study resulted in social integration being newly defined as, "…a process, unfolding over time, through which individuals who have been psychiatrically disabled increasingly develop and exercise their capacities for connectedness and citizenship" (p.471). The authors clarify that "connectedness" means the construction and successful maintenance of reciprocal interpersonal relationships and "citizenship" refers to the rights and privileges enjoyed by members of a democratic society and to the responsibilities these rights engender (p.471).

History of Therapeutic Communities

Kennard (2004) writes that the application of therapeutic community principles to work with the chronically mentally ill can be traced back to the influence of Moral Treatment: "This was the term used to describe a model of care first developed in 1796 by the Quaker William Tuke at The Retreat in York. In keeping with Quaker ideology, the mentally ill were accorded the status of equal human beings to be treated with gentleness, humanity and respect" (p.298).

The core values employed at The Retreat included the importance of useful occupation, the value of personal relationships as a healing influence, and the quality of the environment.

The first psychiatric therapeutic community was created at Northfield Military Hospital in Birmingham, England in 1945. This therapeutic community was the brainchild of two British psychoanalysts: John Rickman and Wilfred Ruprecht Bion. The first patients to be treated at the Northfield therapeutic community were "psychiatric battlefield casualties" from the Normandy invasions (Mills & Harrison, 2007, p.34). Rickman and Bion hoped that by creating this therapeutic community it would encourage group membership and thus make it a part of a living experience which would promote the patient's ability to adapt himself to new groups upon discharge from the hospital. Bion believed that human beings had the "resources to realize when they were faced by problems and to devise means, perhaps with some help and guidance, to solve those problems" (Mills & Harrison, 2007, p.33). Bion encouraged the soldiers to create a group of their own making and these soldiers began to realize that they could take responsibility and power and organize things in the way that they wanted. Through these groups, the soldiers helped to organize the structure of the therapeutic program and a mentoring system was put into place so that those already in the community helped newcomers to orient themselves. Mills and Harrison (2007) report that Northfield patients "…were encouraged to take the primary responsibility for their own psychiatric conditions, to create workable social environments, and to at least act as aides in inducting new intake into the institution" (p.37). Utilizing these crucial attributes of a therapeutic community was effective in the rehabilitation of these soldiers. Mills and Harrison (2007) write, "By cooperating in shared tasks the psychiatric casualties at Northfield became ready to return to the battlefront" (p.33).

Emphasis on Community Support: Mental Health Treatment in Ghana, West Africa

Rosenberg (2002) discusses his experience of living in Ghana, West Africa and observing the development of a mental health care system. He was impressed by the emphasis on community support. Rosenberg (2002) states, "My reading of the Regional Strategy for Africa brought me to the awareness that it is likely the lack of available resources that has forced these nations to develop a vision that is not problem, but health-oriented, and then to develop a strategy that is based on the strength of the community rather than the strength of the health care system" (p.308). He also states, "It has become increasingly clear to me that one of the side-effects of the resources and system we have in the USA has been to further marginalize the patients and the caregivers from the communities in which these issues, these people live" (Rosenberg, 2002, p.313). Current traditional approaches to treating those with mental illness in the United States often involves removing the person from their community and "treating" the person in isolation from that community, often in an impersonal, bureaucratic institution such as a psych ward in a hospital. Often the treatment model of these psych wards is highly influenced by insurance and drug companies.

Rosenberg (2002) cites Professor T. Asuni, of Ghana, West Africa:

It has been said that one of the dysfunctions of mentally ill people is the relationship with the community in which they live. Therefore, it will be unwise to attempt to treat patients in isolation from that community. The community should not consist of professional people in the services alone. They are a special subgroup of the community at large. An adaptation of the patient to this special group does not get him ready to fit into the community at large. (p.309)

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In American culture, the pressure to recover & "fit in" falls on the individual with mental illness while in Africa, the pressure is on the community to assist the struggling individual with their recovery.

Rosenberg (2002) describes how the West African approach to mental health treatment relies on the education of and close involvement of community and family members. This is accomplished by having specially trained psychiatric nurses go into the small villages and conduct trainings and facilitate conversations about mental illness and how to help an individual struggling with psychiatric issues (Rosenberg, 2002). These trainings are intended for the entire community including village healers, family members, spiritual leaders, physicians, and tribal leaders. In Ghana, it is often believed that abnormal behavior is a result of possession by evil spirits or curses and communities do not know how to help people who are struggling with mental illness (Rosenberg, 2002). The hope is that through education, community/family members will be less stigmatizing and more accepting. This training encourages the notion of community responsibility & support and thus bring treatment to the individual within his community; emphasizing the importance of ongoing support from family, friends, spiritual leaders, and community members (Rosenberg, 2002).

Utilization of Supportive Communities vs. Medicalization and Inpatient Hospitalization

Itten (2007) discusses the importance of the Hippocratic Oath: To do good and to do no harm. He writes, "It is a very important principle, especially if we want our places of support for people in psychosis to be experienced as an asylum in the true sense of the word (a place of refuge or protection). In reality, it depends on who is running that particular ward or hospital, and in whose name he or she is providing this care, and what paradigm they think that they might be following" (p.71). Psychiatrist R.D. Laing was particularly interested in providing such

asylum for those experiencing psychosis. Itten (2007) writes, "Laing's endeavour was to set up places of modern 'sanctuary,' true 'asylums' in the old sense of the term, safe places – where true psychiatry, the art of healing the soul, or warming a cold soul by an iatros, a healer – can take place. He was not interested in curing symptoms. His aim was to practice an approach that would enable and empower patients to find the healing solution within their own selves" (p.73).

In 1965, R.D. Laing set up Kingsley Hall, a community which served as a sanctuary for individuals experiencing profound mental distress. Itten (2007) writes, "Based on the notion that psychosis, a state of reality akin to living in a waking dream, is not an illness simply to be eliminated through a variety of treatments, but a potentially creative and healing state, the PA (Philadelphia Association) sought to allow psychotic people the right space in which to explore their 'madness' and internal chaos" (p.74). The founding members of Kingsley Hall "…tried to alter the prevalent paradigm of working with people in psychosis. Instead of arresting it with drugs and other means, we try to follow and assist the movement of what is called 'an acute psychotic episode.' We are with the person who is in a process of transformation – in the spirit of Loren Mosher's "To be with, rather than do for" (Itten, 2007, p.74). Between June 1965 and June 1970, a total of 119 people stayed at Kingsley Hall. Many people believed that this radical set up would be dangerous or unsafe. This, however, was not the case. "…people lived there who would have been living nowhere else – except in a mental hospital – who were not on drugs, not getting electric shocks or anything else, who came and went as they pleased. There were no suicides, there were no murders, no one died there, no one got pregnant there, and there was no forbidding of anything" (Itten, 2007, p.75). Thus, creating an atmosphere of freedom and responsibility contributed to successful treatment.

Another example of an experiment which explored the use of community treatment for persons experiencing psychosis was the Soteria Project. Mosher conducted this longitudinal study from 1971 to 1983 (Mosher & Menn, 1978). His study compared residential treatment in the community and minimal use of antipsychotic medications with the "usual" inpatient hospitalization treatment for patients with early episode schizophrenia spectrum psychosis. Subjects were newly diagnosed (DSM II) with schizophrenic spectrum disorder. These subjects were assigned consecutively (1971-1976, N=79) or randomly (1976-1979, N=100) to the hospital or Soteria and were followed for two years. The Soteria project employed a quasi-experimental treatment comparison using consecutive space available treatment assignment in the first cohort (1971-1976, N=79) and an experimental design with random assignment in the second cohort (1976-1979, N=100) (Mosher & Menn, 1978).

Soteria treatment employed a developmental crisis approach to recovery from psychosis. Treatment occurred in a small, homelike, intensive, interpersonally focused therapeutic milieu with a nonprofessional staff that expected recovery and related with clients "in ways that do not result in the invalidation of the experience of madness" (Mosher & Menn, 1978, p.220). In other, more institutional, treatment environments staff persons were known to confront patients with regards to their symptoms (i.e. hallucinations), telling them that what they were experiencing was not real. This can be very invalidating for patients. In Soteria treatment anti-psychotic medications were ordinarily not used during the first six weeks of treatment: (62 out of 82) individuals received no meds during the first six weeks. The control facility was a well-staffed general hospital with psychiatric units that were geared towards "rapid evaluation & placement in other parts of the county's treatment network" (Mosher & Menn, 1978, p.221). Eighty-five out of 90 patients were treated with continuous courses of anti-psychotic medication.

In terms of the study's findings, Soteria treatment resulted in better two-year outcomes for patients with newly diagnosed schizophrenia spectrum psychosis disorder. Upon reflecting on the results of the study, Mosher suggests some likely sources of benefit can be found in the therapeutic ingredients of Soteria treatment. These include the milieu, staff attitudes, therapeutic relationships, social networks, and supportive social processes (which include the creation of a family-like atmosphere, an egalitarian approach to relationships and household functioning, and an environment that respected and tolerated individual differences (Mosher & Menn, 1978, p.226). A limitation of this study was the 28% attrition of the sample group. Some study participants had re-located or moved out of the area and were not able to be reached for follow-up.

Spring Lake Ranch: Case Illustration of Ways in Which Communal Living Contribute to Recovery and Social Integration

Dickey and Ware (2008) conducted a qualitative study which provides a case illustration of a working therapeutic community (TC) for persons with severe mental illness. This TC is called Spring Lake Ranch and is located on a working farm in Vermont. The residents and staff live and work communally on this farm with the goal of moving residents toward recovery and social connectedness as a result of their participation in ranch life. Residents rotate through work crews of their choosing each week. These work crews are charged with carrying out the tasks needed to sustain the community. Some examples of such tasks include: cultivating gardens, caring for the farm animals, making hay, producing maple syrup, and selling ranch-made products at the local farmer's market (p.107). Dickey and Ware (2008) write, "At the ranch, work is the enactment of communalism. It not only builds community, but also leads to personal growth" (p.107).

The researchers in this study conducted 17 interviews with staff and residents and noted observations carried out during four days of field work at Spring Lake Ranch. These interviews illustrate the ways in which communal living contribute to recovery and, more specifically, social integration. The interviews "…suggest that making new connections with others improves understanding of how to initiate and maintain relationships. In this way, growth within the community may become the impetus for seeking involvement and active participation in the larger social world" (Dickey & Ware, 2008, p.108). Individuals with mental illness are often marginalized, stigmatized, isolated and devalued as human beings. Through participating on work crews, individuals realize they are capable of contributing to the larger society. Clients re-establish a sense of purpose and feel like they are valued members of the community which contributes to their sense of self-worth/self-esteem.

The intention of the treatment program at Spring Lake Ranch is that this sense of belonging and value will translate to the outside world. It is not reported whether Spring Lake Ranch provides any ongoing support to residents once they leave the farm. Dickey and Ware (2008) report that the available evidence on effectiveness of therapeutic communities suggests both social and clinical positive outcomes for individuals while residing in the TC but there seems to be a lack of studies which, "…focus on the relationship between a therapeutic community experience and subsequent involvement in the social world outside treatment"(p.109).

The Farm: The Use of Agro-Therapy within a Psychiatric Therapeutic Community

In Therapeutic Communities for Psychosis: Philosophy, History, and Clinical Practice (Gale, Realpe, & Pedriali, 2008), the authors describe an intentional community called The Farm House, which is located near the small market town of Farooqabad, Skeikhupura, Pakistan,

which is 65 kilometers west of the city of Lahore. The farm community is spread across 20 acres of land. This is a nonprofit NGO which provides 24hr/day residential care within a therapeutic community serving an all male population. The men are referred to The Farm from Fountain House (Lahore, Pakistan), which is part of a mental health clinic. Within this population, the majority of the men carry a diagnosis of schizophrenia (N=56), some men have learning disabilities (N=15), and others are struggling with substance abuse (N=13).

The main goal is to rehabilitate psychiatric patients and involve them in different activities that can contribute to their rehabilitation. The Farm "…helps people with their emotional and interpersonal problems by creating self-awareness, awareness of interdependence, deep mutual respect, and the assumption of personal responsibility" (Gale, et al., 2008, p.212). The Farm has the capacity to serve up to 100 residents and employs approximately 20 staff members who include: psychiatrists, social workers, occupational therapists, physicians, work crew leaders and counselors. It is a largely democratic community with a flattened hierarchy.

A unique facet of this community is its utilization of agro-therapy. This region of Pakistan has an economy which is reliant on agriculture. The Farm grows and harvests seasonal crops such as: wheat, sugar cane, maize, rice, oranges, and lemons. Therefore, many residents are trained in farm activities such as sowing, ploughing, irrigating, harvesting the crops, and fruit and vegetable picking. Upon arrival at The Farm, all residents take occupational and aptitude tests and are asked about their personal interests. The staff then assigns the residents to a work crew that is appropriate to both their skill levels and their areas of interest. Some examples of work units are fish farm, bee farm, gardening, poultry farm, cattle farming, dairy farm, agriculture, kitchen, canteen, mini-zoo, creative arts, and occupational unit activities (such as class work and arts). The involvement of residents in agricultural work not only boosts their

sense of self-worth and value but provides them with relevant skills that they will need once leaving the farm.

The treatment plan is individualized and staff and members work together to set small realistic treatment goals. Each resident's progress is reviewed every three months with a multi-disciplinary team. Although this therapeutic community is primarily focused on agro therapy, each resident is involved with other therapies such as: milieu, occupational, group, music, art, psychodrama, CBT, and daily prayers at the mosque. The treatment model utilized at The Farm has been effective at rehabilitating and reintegrating severely mentally ill individuals back into society. Once individuals leave the Farm they are still considered members of the therapeutic community and are invited back to the Farm for events and gatherings throughout the years.

The Role of Social Analysis in the Clinical Practice of a Therapeutic Community

Beseda (1979) conducted research which focused on the use of social analysis in two selected therapeutic communities: Gould Farm and Spring Lake Ranch. Beseda (1979) defined social analysis as "those verbal interactions in the therapeutic community that use interpersonal or community events as a training ground so that the community can learn more about expressing feelings, understanding behavior, defining social patterns, or building ego strengths" (p.24). The data was collected using participant observation studies and semi-structured interviews with staff and residents during extended visits to each of the communities. In terms of methodology, Beseda (1979) attempted "to evaluate the practice of social analysis in each community, first through a deductive selection of data which (Maxwell) Jones' model suggested for focus, and then through inductive analysis and assessment comparing the data collected to the theoretical model of social analysis" (p.25). Beseda found that, "both communities have retained and emphasized their communal and rehabilitative role and have diminished the role that reality

confrontation and social analysis normally takes in the model of therapeutic community" (p.28).

Upon inquiring with the program directors of each community, Beseda learned that the de-emphasis of a community "treatment" concept resulted from the prevailing belief that schizophrenia was an irreversible illness. The major finding of this study was: "social analysis played a diminished role in these treatment practices and clinical analysis was replaced by an emphasis upon communalism and the community work program. The emphasis that each program placed upon the residents' functioning in the work crews did appear to improve many residents' level of activity, their work abilities and their responsibility for daily living tasks" (Beseda, 1979, p.38).

CHAPTER THREE

Methodology

Research Design

This researcher conducted an exploratory study which asked: What do staff members report to be the most effective aspects of psychiatric treatment within therapeutic communities? This researcher believed the best way to answer this question would be through the utilization of a qualitative study which was exploratory/descriptive in nature. Since very little has been written about therapeutic communities treating individuals with severe and persistent mental illness, the qualitative method was most appropriate. As Rubin & Babbie (2007) state:

Qualitative methods may be more suitable when flexibility is required to study a new phenomenon about which we know very little, or when we seek to gain insight into the subjective meanings of complex phenomena to advance our conceptualization of them and build theory that can be tested in future studies. (p.24)

In order to answer this research question this researcher conducted phone interviews with staff members who work in democratic therapeutic communities serving individuals with severe and persistent mental illness (SPMI). In seeking participants from a variety of therapeutic communities, the researcher sought to get a wide variety of staff members' perceptions and learn about variations between the therapeutic communities. Since relatively little has been written about the effective aspects of psychiatric therapeutic community treatment, undertaking an exploratory study seemed appropriate. Rubin & Babbie (2007) report that exploratory studies are most often utilized when a researcher is examining a new interest or when the subject of a study

is relatively new or unstudied. Sometimes a researcher may employ an exploratory study to test the feasibility of undertaking a more careful study (p.29).

Sample

This researcher recruited twelve participants who have been working as a staff member within their particular therapeutic community (TC) for a minimum of one year. The rationale for this is that employees who have worked within a TC for at least one year are more likely to have had the chance to form an impression on what they believe to be the effective aspects of psychiatric treatment within the TC. The total sample (N=12) included three participants from each of the four therapeutic communities included in this study: Gould Farm, Spring Lake Ranch, Hopewell Therapeutic Farm, and Cooper Riis.

The sample included nine women and three men with ages ranging from 29-67 years old. Participants had been working at their particular TC anywhere from 2.5 years to 27 years. The participants in this study had to be eighteen or older and be able to speak/understand English to ensure that communication was clearly understood. As this was an exploratory project focusing on a single mode of treatment, this researcher recruited participants who work directly with the clients within the therapeutic community. Because the project explored the effectiveness of treatment, staff persons who did not work directly with clients in the community were excluded from participation in this study.

In order to gain a full range of experience in the interviewing process, these individuals were employed in a variety of positions including: program facilitator of farm crew, program facilitator of garden crew, LICSW (x2), senior lodge advisor, lead life skills manager of animal crew, recovery coach, house advisor, assistant director/director of resident services, garden crew department head, director of agriculture, and activities & driving coordinator. This researcher

solicited a wide variety of staff members' perceptions and learned about variations between the

therapeutic communities. This conformed within the parameters of sampling in research (Rubin

& Babbie; 2007).

This researcher recruited study participants by contacting a senior administrator at each

of the therapeutic communities to ask permission for their agency's involvement in the study.

There are a handful of therapeutic communities which fit Campling's (2001) definition of a

democratic therapeutic community such as: Gould Farm, Spring Lake Ranch, Cooper Riis,

Hopewell, Rose Hill Center and Austen Riggs. These are examples of therapeutic communities

which value collective responsibility, community membership, and empowering individuals to

take an active role in their own treatment planning. The type of therapeutic community which is

included in this study utilizes a holistic approach to psychiatric treatment which includes: a

therapeutic work program, group and individual therapy, recreational activities, and medication

management. Individuals in this type of therapeutic community setting live, work, and learn

together in a healing environment.

Once the researcher received approval from the agencies (letters of permission; Appendix

E), a copy of the recruitment email was sent to that administrator and it was requested that they

either forward the email to their staff members or read/present it during the next staff meeting. In

this way, the researcher recruited participants through snowball sampling. Rubin and Babbie

(2007) define snowball sampling as a procedure which, "…is implemented by collecting data on

the few members of the target population whom one is able to locate, and then asking those

individuals to provide the information needed to locate other members of that population they

happen to know" (p.168).

Rubin and Babbie (2007) state that, "Snowball sampling is appropriate when the members of a special population are difficult to locate" (p.168). Due to the small number of democratic therapeutic communities in existence, locating staff members who fit the criteria for this study proved to be difficult. Using this particular sampling technique made the most sense when considering the specialized population of participants the researcher was seeking to recruit.

The recruitment email provided a brief explanation of the study, explained the requirements for participation, and asked if anyone was interested in participating in an interview (recruitment email; Appendix C). Anyone interested in participating in this study was asked to notify the researcher of their interest via email and provide their phone number and best time to contact them. The researcher then emailed and screened potential candidates to verify that they met the inclusion criteria for the study and provided them with the opportunity to ask any questions they may have had.

An informed consent package including three informed consent forms, three signature pages, and three self-addressed/stamped envelopes was sent to the administrator of each of the four therapeutic communities. This administrator was asked to notify the three interested staff members that they should keep one copy of the informed consent form (Appendix B) for their records and sign and date the signature page and return it using the self-addressed/stamped envelope. Once the signed consent form was received the staff member was contacted in order to schedule a date and time to conduct the phone interview.

Data Collection Methods

Qualitative data was collected from twelve phone interviews, which were thirty to forty-five minutes in length. This researcher used Google-Voice to record the phone interviews. The use of phone interview ensured the collection of in-depth, comprehensive information regarding

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the staff members' experiences of working within a TC. This researcher utilized a semi-structured interviewing style. This researcher asked various exploratory questions which can be reviewed in the interview guide found in Appendix A.

A semi-structured interviewing style was chosen in order to use interview questions which covered specific topics and issues with all interviewees while at the same time allowing for flexibility. This enabled the interviewer to adapt the style of the interview to each particular interviewee and adjust the sequencing of the questions and use neutral probes if more in-depth answers were needed. Exploratory questions were asked in order to solicit rich and comprehensive answers. Rubin and Babbie (2007) report that the use of an interview guide ensures that the interviewer, "…will cover the same material and keep focused on the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses" (p.123).

Participant's confidentiality was protected in a number of ways. Interviewees were not asked to identify their name while the tape was running, and were asked not to include any identifying information in any examples of case material they used. The demographic information and the audio recording of the interview were assigned a number for identification. Signed informed consent forms were kept separate from audio recordings and transcripts. Some illustrative quotes were included in the thesis, but are reported without identifying information and disguised when necessary to better protect participant's privacy.

Data Analysis

After recording all of the phone interviews, this researcher hired someone to assist with transcription. This individual signed an official "transcriber confidentiality agreement" form (see Appendix D). In reviewing the transcriptions, content theme analysis was used to look for

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themes that emerged and also highlighted unique concepts which were found amongst the data. This researcher closely examined the data found in the interview transcriptions and highlighted key phrases and themes which were coded and categorized. This process is often referred to as "open coding" which Rubin and Babbie (2007) define as, "A qualitative data processing method in which, instead of starting out with a list of code categories derived from theory, one develops code categories through close examination of qualitative data" (p.290). This researcher categorized the data using a color-coding system to highlight common themes which re-emerge throughout different interviews. This researcher also wrote memos or notes regarding ideas about the emerging themes that arose.

This researcher chose to use grounded theory method since she started with observations and looked for common themes and patterns in order to categorize and make meaning of the data. According to Rubin and Babbie (2007), "This approach begins with observations rather than hypotheses and seeks to discover patterns and develop theories from the ground up, with no preconceptions…" (p.294). This researcher was not seeking to confirm or disconfirm a specific hypothesis.

Since there is a lack of research on this particular topic, this researcher was seeking to bring attention to the possible effective aspects of psychiatric treatment in a therapeutic community setting by conducting this exploratory study. The utilization of grounded theory method in making meaning of the research data was appropriate due to the exploratory nature of this particular study. Rubin and Babbie (2007) state that, "…the openness of the grounded theory approach allows a greater latitude for the discovery of some unexpected regularity (or disparity) that probably would not have been anticipated by a pre-established theory or hypothesis" (p.244).

Strengths & Limitations

One such strength of this study was its exploratory nature. While there has been much written about therapeutic community treatment in the United Kingdom and alcohol & drug treatment within a therapeutic community setting; very little has been researched or written about psychiatric treatment within a therapeutic community setting in the United States. Hence, conducting an exploratory study on this topic served to provide a beginning familiarity with the subject matter. There are very few therapeutic communities in the U.S. which fit Campling's (2001) definition of a democratic therapeutic community; therefore another strength of this study was in gathering data from four separate therapeutic communities. Gathering data from four different TC's solicited a wide variety of staff members' perceptions and showed variations between the therapeutic communities.

One limitation of this study was in gathering data which may not be effectively transferred to therapeutic communities outside of the U.S. Another limitation of this study was the small sample size. Since the sample size was small, the data which was collected may not be transferrable to all therapeutic community experiences. The data gathered in this study was based solely on twelve staff member's perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. Another limitation of this study was the lack of diversity of participants; all twelve participants identified as Caucasian.

Researcher Bias

This researcher's first experience of working with adults with severe and persistent mental illness occurred while working as an intern at a therapeutic community as part of her undergraduate program. In 1999, this researcher completed a four month long, full-time

internship at a therapeutic community located in Michigan. This was a very positive and influential experience which instigated this researcher's interest in studying the impact of environment on a person's recovery process. Due to having a past experience of working at this particular therapeutic community, it was not included in this research study.

CHAPTER FOUR

Findings

Introduction

The purpose of this study was to explore staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. The effective aspects most frequently identified were: community membership, participation in the work program, opportunities for empowerment, and relationship building. Very little research has been conducted on the effectiveness of psychiatric treatment within a therapeutic community setting in the United States. Therefore, this study will contribute to the dearth of literature on this particular topic. This chapter presents data collected from interviews with twelve staff members who were employed at four different therapeutic communities. Rather than approaching the data with pre-conceived ideas, this researcher sought out patterns and theories within the data which was collected during the interview process using the grounded theory method. According to Rubin and Babbie (2007), grounded theory is an inductive qualitative method that begins with observations and looks for patterns, themes, and common categories.

The interview questions were designed to elicit information regarding participant's experiences of working within a therapeutic community including what they thought distinguishes psychiatric treatment at their TC apart from other treatment settings. Another question asks staff members what they consider to be the defining characteristics of treatment at the TC. Additional questions were asked regarding how communal living, participation in work programs, and involvement in treatment planning and decision making impacts a resident's

recovery process. The final question which was asked of interviewees was: What do you believe

to be the most effective aspect of psychiatric treatment at (name of therapeutic community) and

why? Many staff members found it difficult to choose just one 'most effective aspect' and felt it

was necessary to list several, stating that, "they go hand in hand."

This researcher utilized open coding in order to categorize the answers which were given

to this final question. According to Rubin and Babbie (2007), open coding is a qualitative data

processing method, in which code categories are developed through close examination of

qualitative data revealing patterns in ones data. Through coding the answers to this final

question, this researcher found that six out of twelve staff members identified community

membership as the most effective aspect. Five out of twelve participants identified the work

program as the most effective aspect of treatment. Two out of twelve interviewees considered the

opportunities for empowerment to be the most effective aspect. Five out of twelve staff members

identified relationships as being the most effective aspect of treatment. Only one interviewee

identified time as being one of the most effective aspects. This interviewee explained that

residents have a longer amount of time to work on their treatment within a therapeutic

community setting as opposed to other treatment settings.

Through the use of open coding and content theme analysis, this researcher highlighted

prevalent themes which were emerging among the twelve interview transcripts. Through the

highlighting and coding of themes which were re-emerging, this researcher found that staff

members most frequently discussed the positive impact which community membership,

participation in work crews, opportunities for empowerment, and relationships had on the

residents. Many staff members felt that it was the combination of the four themes which worked

together as a whole to accomplish the positive treatment results. This chapter will discuss in

detail and provide illustrations of why these four aspects of treatment were found to be particularly effective. The data which illustrates the four most effective aspects of psychiatric treatment within a therapeutic community setting will be presented in the following sequence: community, work, empowerment, and relationships.

Community

  Introduction. This section details staff members' illustrations and examples of how community membership is an effective aspect of treatment within a therapeutic community setting. Some questions which this researcher asked pertaining to the subject of community were: How does communal living contribute to an individual's overall improvement in mental health? How is the experience of living, learning, and working together integrated to be therapeutic? How is collective responsibility encouraged within the community? How are issues of isolation or social exclusion addressed within the community? While these questions related directly to community life, participants often brought up additional positive aspects of community membership without being asked. This section has been divided up into the following four subheadings: close observation and constant communication, reducing isolation, personal responsibility and contributing to the community, and receiving feedback and improving interpersonal skills.

  Close observation and constant communication. Receiving psychiatric treatment within a therapeutic community setting seems to have many benefits. Staff reported that everyone in the TC gets to know each other pretty well since residents and staff members are living, working, eating, and playing together in a small intimate community. Thus, close relationships emerge as a therapeutic tool. Once these relationships are built, staff members are able to take notice of the small changes in demeanor, behavior, mood, etc… Being in community

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is also conducive to close observation of an individual. A resident is observed in numerous settings such as in the house or lodge, on work crew, in the dining hall, and on outings or leisure activities. Being able to observe an individual in such a variety of settings seems to give staff the opportunity to gain a holistic perspective of the client in multiple environments. One staff member reported:

> You get a real sense of the person's wholeness. You get to experience them within many different settings: dinner table, soccer field or interacting with two month old twins…interactions that allow you to see people in many different ways which enriches the work. You get to know how that person interacts with the world and other people.

> Eight out of twelve staff members contrasted the therapeutic community treatment experience with a more traditional treatment setting such as an outpatient clinic. Staff reported that since the TC is conducive to close observation, the psychiatrist is able to obtain feedback and information from a variety of sources about how a resident has been doing. One staff member said:

> The psychiatrist is often willing to make changes, whether it is changes in terms of reducing or maybe increasing medications because it is a safe environment and there is a lot of close observation. It is a place where she might try things that she wouldn't with her outpatient clinic.

Staff members also spoke about having the opportunity to observe residents in a variety of roles within the therapeutic community:

> …you get to know a lot of different sides to a person here. You're not just seeing them in crisis or in treatment but you are eating dinner together or playing together or working outside together. You get to see them being helpful to other people, so you see them in a

lot of different roles, not just as the patient or where they are the patient and you are the

provider. There are a lot of different roles people can play here so that is different than a

more traditional setting.

Equal in importance to the factor of close observation is the ability of the staff members to

communicate among themselves regarding a client's treatment. Staff members report they are

constantly sharing information and observations with one another via email, clinical meetings,

communication logs, check-ins, and case consultations. In this way, pertinent information

regarding residents is passed on between staff members who work different shifts. It was

reported by every interviewee that no matter what position you work in, your feedback and

observations are always valued by the treatment team.

Reducing isolation. According to the data collected, another benefit of treatment within

a community setting is reducing isolation. Individuals with mental illness often feel like outcasts

and feel isolated and alone with their illness. Staff report that many residents have lost a lot of

relationships, with family members, with friends, because of their mental illness. The feeling of

being a valued member of a community appears to help break down that sense of isolation. One

staff member said:

The general philosophy is to have people contribute to the working of the community and

the needs of the community. Also we're looking for people to get outside of themselves

and their problems and contribute to the larger whole so they're not focused on their own

particular issues but more on the goals of the group. It helps to, you know, diminish

mental illness and to some extent addiction, which has a very isolating kind of effect on

people. Contributing to the needs of the community brings people together so it reduces

isolation and creates a sense of belonging and shared purpose and it doesn't really matter

how big the task or how important. We place equal emphasis on something that some

people might consider a meaningless task, you know, like cleaning the bathrooms for

example. We feel that is as important a task as getting lunch on the table for example. So

it's all a part of the ways that people can belong, participate, and contribute.

In society, when people behave unexpectedly there is often an "ignore it" mentality or people

will back off and put space between themselves and this person. One participant explained that

this reaction often results in mentally ill individuals being isolated and fragmented from the

mainstream community. Staff members spoke about how the therapeutic community provides

opportunities for residents to "experiment in a social network that reaches out to the individual."

Since many residents have a history of isolation, being in community provides them with a lot of

different ways to experience themselves in the context of informal and less formal relationships.

Residents find that in the therapeutic community, "Everyone is accepted for who they are and

accepted with their limitations. So there is a feeling of belonging and not being an outcast, or

separate or different." Thus, many residents come to the realization that they are not the only one

out there who is struggling with this illness.

Staff members reported that residents benefitted from being a member of a community

who accepts you for who you are. One staff member said:

Being in an environment that understands and accepts and is tolerant of symptoms or

aspects of mental illness that people are working on is helpful. Someone could be

disorganized and not showering or taking care of themselves or exhibiting odd behaviors;

in our society, those are behaviors that people avoid. Here, however, they are a part of the

community like anyone else and we can help them work on those behaviors so that when

they return home and are out there in the world, people are not moving away from them.

Then they are getting the connection and are interested in improving. There is a real

acceptance of where people are at, but also knowing they are here to work on things so

they can get better. The fact that they have a contributing role here in the community is a

big part of it. They can practice initiating in ways here that is safer than when they are out

in society.

Another staff member reported similarly on this topic:

We really get to know people and see lots of different sides to them and that 'being

known' and 'cared about' in a real way is powerful to people and helps them develop the

confidence to take risks . There is a combination of being known and accepted as well as

being pushed and challenged at the same time that is helpful in encouraging people to

make change. Someone coming in might act strange, might have their challenges, but we

say we are going to get to know them and understand them and appreciate them and

support them in the things they want to work on- and challenge them in the things they

should work on. That combination of acceptance and challenge plays out in the

community, plays out in the work crew, in all the recreation and all those other aspects.

Another aspect of community life is that residents are not only a member of the larger

therapeutic community but are also connected to smaller communities such as their particular

lodge or house and their work crew. Residents who struggle with shyness may be more

comfortable opening up within the context of a house meeting which is smaller in size than say a

community meeting.

Personal responsibility and contributing to the community. This research seems to

suggest that living within the context of a therapeutic community, where everyone is expected to

contribute to the needs of the community, teaches residents a sense of personal responsibility. One staff member said:

> We are asking people to be responsible in terms of showing up for work crew and helping their crew to get the job done because the community relies on that. The best example of that is: lunch has to be put on the table so if you are working on the crew who is helping to make lunch there is an expectation from the community that you're going to show up and get the job done. So clearly, we are hoping that it transfers to a sense of responsibility in taking care of one's own issues and it's not just something external that's going to take care of it. But it's an internal process in taking responsibility and getting the help one needs, from people, from medication, from books, from groups. So, I think we look for that transfer to happen from the physical day to day work program, to implementing strategies of how people can work on their own recovery.

Another staff member commented that once an individual begins integrating the needs of the community with their own feelings of well-being, "…it opens them up to all kinds of good relationships with people, with confidence and acceptance and many other things that are helpful in addressing a mental illness."

Based on interviewee reports, the expectation that everyone contributes to the community helps residents to realize that they are a valued member of the community. One staff member said, "…seeing that they (residents) have something to offer and contribute all the time no matter what. They come to realize they are not ever useless or a fragmented piece but are part of the whole. Being in community makes people feel a part of the whole; they are motivated to be contributing and giving back." It was reported that when residents have a sense of purpose, it facilitates their recovery in many ways. One staff member stated, "…having a sense of

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responsibility and dedication and commitment to providing something to this community gives them (residents) purpose to their day and meaning to the whole community." It was also reported that residents often say they enjoy working as a part of a team and knowing that they are giving back to the community.

Staff members from several of the therapeutic communities discussed how some of the larger, more intensive, seasonal jobs such as maple sugaring, can bring the community together. Maple sugaring is one of the bigger chores that is conducted on a seasonal basis. Everyone in the community is called upon to assist in this task. As one staff member said:

> For the most part, the entire community works on maple sugaring. Some residents are out in the woods collecting while others might put labels on the syrup bottles. Housekeeping crew did their part by cutting the string and putting a hole-punch in labels or counting bottles. So everybody does some aspect of this maple syrup job. Most community members are contributing in their own way.

One staff member discussed how these larger projects brought a lot of positive energy into the air. Residents are very proud of all of the hard work they put into this community project. After the maple sugaring is over the residents get to consume the syrup they helped to produce on their morning pancakes and send bottles off to family members.

Receiving feedback and improving interpersonal skills. Another effective aspect of living in community which staff identified was the opportunity to receive feedback from peers and staff and the opportunity to work on building relationships. With regard to residents receiving constant feedback from staff and peers alike one staff member said:

> A huge amount of response comes back from the community around you. Your behaviors echo out and rebound from all around you. Everyone knows everything about everybody

so for instance you can't creep out of your room in the middle of the night and not be

spotted by somebody. Everyone knows what's going on in everyone's business and there

is constant feedback on every behavior that you exhibit from every direction- from your

work crew leaders, your housemates, and peers who are sitting across from you at the

table who don't like your table manners. There is always going to be feedback in every

interaction.

Living in a small community forces residents to work on their interpersonal issues. As one staff

member said, "Being in this enclosed environment forces you to learn how to work on

relationships and deal with yourself a lot. It presents you with a very unique opportunity."

Another important component seems to be that living in community provides residents

with the opportunity to face challenges head on. Living with people is always challenging and

often requires an attempt to compromise or alter problematic behavior. Living in a therapeutic

community provides a type of practicing ground for residents. One staff member said:

You are able to get direct feedback here from the whole team and from your peers

because you can't get away from each other so you have to learn to settle this and fix

these problems because you can't run away from it here. If you screw up a relationship

you have to face it and deal with it and not just move to the other side of the country to

avoid it. Living with people is challenging.

Living in community appears to also provide residents with the opportunity to build positive and

healthy relationships with others. Several staff members reported that residents graduating out of

the therapeutic community cited their experience as a community member as one of the most

important aspects of the program. One staff member said:

The community aspect itself lends to the treatment of the residents in what we call the milieu experience…whether developing relationships with peers, hanging out and playing a game together in the evening or going on outings on the weekend. We have a community meeting once a week where staff and residents come together to discuss issues that affect everyone. When issues come up we try to work together to solve problems, address conflicts, or appreciate things that are going well.

Participants found community membership to be an effective aspect of treatment and provided examples and illustrations of why this aspect is considered to be particularly effective. Due to the intimacy of a therapeutic community, this setting is conducive to close observation of residents as well as facilitating constant communication amongst staff members. The small community setting was also found to reduce isolation and encourage personal responsibility among residents; all community members were expected to contribute to the needs of the community. Living, learning, and working together was found to be conducive to improving interpersonal skills as residents were constantly receiving feedback from staff and peers alike.

Work

Introduction. This section details staff members' illustrations and examples of how a resident's participation on work crew is an effective aspect of treatment within a therapeutic community setting. Some questions which this researcher asked pertaining to the subject of work were: Do clients engage in work activities at (name of TC)? How is the decision made as to which work activities each client will participate in? How does work contribute to an individual's improvement in mental health? Throughout the interviewing process, staff members often emphasized the numerous benefits of a resident participating in the work program. This section is divided into the following four subheadings: positive effects on self-esteem, custom

tailoring work crew to accommodate individual needs, vocational skill building, and positive effects of having a structured work routine.

Positive effects on self-esteem. Six out of twelve staff members spoke about how a residents' involvement in the work program made a positive impact on both their self-esteem and sense of self-worth. Many residents have been unemployed for many years as a result of their mental illness and getting back into work is often a reparative experience for residents. One work crew leader said:

> I think a lot of the guests who have come here have had experiences in their life where they have been fired from a job as a direct response to their mental illness and in the process of learning how to manage their challenges they regain confidence in themselves at the farm. They begin to believe that they can actually hold down a job when they return to the rest of society. I hear that a lot from guests, they say they feel a stronger sense of wholeness, a sense of ability and faith in themselves.

Staff members frequently reported that the general goal of the work program is to help residents get through the day with a sense of success and to help them find a sense of meaning and accomplishment in their work. Staff report that often times, past failures in the workplace affect an individual's general attitude towards work and interactions with others. Another prevalent theme which emerged through the interviews was that of celebrating successes large and small. One work crew leader said:

> I'm real encouraging with people and don't hesitate to complement them on a good job whether it is big or small. We definitely try to help build up their self-esteem…any little success is just great. Some people are very withdrawn so we try to draw them out of their shell, even just a little bit of conversation is a great start…one little chore completed is

good…we definitely encourage them along the way and watch them grow in their sense of ability.

Staff members reported that it could be very inspirational to watch an individual's progress overtime as they became more comfortable on work crew and start to take on a leadership role.

Staff members discussed how residents came to realize that their contributions on work crew were truly valuable. Residents began to observe the ways in which their hard work resulted in benefits to the larger community. They also saw that if they do not show up and participate on work crew; their absence will have a negative impact on the community. As one staff member said:

The expectation that people will get up and engage in real work is huge. This is meaningful work that goes toward the community succeeding. This adds meaning to a person's life and gives them a place in the world. If they don't show up to be a part of the team then there is more work for other people or the job doesn't get done and has a big impact on the community. In this way, guests have a sense of belonging and purpose and meaning.

Residents on work crew have the opportunity to enjoy the fruits of their labor which brings them a great sense of pride and accomplishment. A garden crew leader said:

When my group plants these seeds and watches them grow week by week they are so incredibly proud to pick the beans and take a basket of them up to the kitchen crew. I can't tell you the sense of accomplishment they really feel. That afternoon the entire community gets to eat those freshly picked beans for lunch. You can see the pride in what they do…you can just see it on their face.

Residents know they are doing something important and contributing to the greater community and this makes them feel good about themselves, increasing their sense of self-esteem.

Other staff members spoke about the importance of residents having opportunities to become expert or take on a leadership role on work crew. One staff member said:

Having people engaged in tasks that seem meaningful and at which they can become expert is huge. Having people engaged in something they can understand and follow through from beginning to end and feel a sense of ownership and a sense of success. Knowing and having a sense of what they have to offer to people around them and feeling like they DO have something to offer to people around them is huge.

Residents are given the opportunity to show off their skills when visitors come to check out the community. Also, residents who have been on a work crew longer are able to teach new residents how to do the job, thus increasing their skills of management and labor. Staff members become sensitive to the various ways that residents can become expert within the context of work crew which in turn boosts self-esteem.

Custom-tailoring work crew to accommodate individual needs. Staff members frequently acknowledged that residents come to the TC with different capabilities and limitations. One effective aspect of treatment which was identified by numerous staff was the ability to meet a resident where they are at and work with them from that point. They also spoke about the importance of finding a balance between accepting a person where they are at and challenging them to push themselves outside of their comfort zone. One work crew leader said:

We try to have work that people are going to be successful at; necessary work but with some challenges. Staff and crew can give more or less responsibility to a person depending on that person's ability or stress level. One example is if someone was

working in the kitchen and they look like they are ready to take on more responsibility they could be the one getting the recipe together or could help another resident to do that…or if someone is looking like they are really getting stressed by the process, they could be given a different job. You can get a sense as the crew goes along as to who is ready for more and who needs to step back a little bit.

Over time, residents come to realize that staff members actually believe in their ability to work and hold down a job in a variety of capacities. Staff members also find ways to include everyone in the work program which fosters a sense of belonging.

Vocational skill building. Another potentially effective aspect of the work program is the opportunity to build up a repertoire of vocational skills. Residents are able to work on their job readiness while discovering new vocational interests. Residents who may have come to the TC with minimal work experience are able to learn about and adjust into an occupational routine. One work crew leader said, "We start patiently with what people can do and tune our tasks to something that builds resilience and builds capability of going every day." Residents learn a lot about responsibility, accountability, and working as a member of a team. As one staff members says, "Guests are treated like indispensible staff so if they choose not to come to work crew, it's not just that they have chosen not to participate in the work life; they have also forsaken their obligations to the team. So there's a sense of normalizing their life in a way." Working on a team also helps residents to improve upon their communication skills. Residents are interacting with work crew leaders and peers throughout the day and they learn that effective communication is necessary to accomplish many of the tasks and chores.

Some of the therapeutic communities keep track of each individual's attendance, punctuality, and participation in community meetings, work crews, groups, etc… Staff members

work with residents to improve upon skills that are necessary for employment in the real world. One life skills (work crew) leader talks about this:

> We keep track of whether they come to a life skills program and attend the entire time and participate. We help people with their punctuality which translates to their future…If they have a job, can they show up on time for their job? If they are struggling with those things then we look at what we can do differently or ask how we can support them to make this work…Do you have an alarm clock? Are you getting breakfast in the morning? Are you going to bed on time so you can wake up and feel ready to go to work? Etc. So that contributes to their treatment as well as their ability to gain skills.

While residents are certainly learning concrete vocational skills, data collected throughout the interviews suggest that residents' are also learning the importance of various job-readiness skills such as personal hygiene, nutrition, getting enough sleep, wearing job appropriate attire, and punctuality.

One work crew leader spoke about how participation on work crew teaches residents problem solving skills, resilience, and resourcefulness. She gave the following example:

> We had a chicken coop frozen to the ground and I went out with four residents to try to loosen it. They said, "Oh this will never work" but I said, "Well let's just try, we can kick it a little bit and if it is too heavy so be it but let's just take a shot at it." So we go out and are kicking it around and we were actually able to loosen it from the ground. So, that was great but then we realized it was too heavy and we couldn't move it. Then a resident said, "Why don't we put it on sleds and see if we can drag it out?" So I said, "Ok, let's try it out" and it moved beautifully! The residents were so thrilled and laughing and I said, "See, it looks impossible but you just have to give it a try." They were so excited! So we

got it to where we needed to put it, but to move it inside we had to remove a wall from

the building and move this 400 lb. stove but they were all saying, "That's ok, we can do

it!" So I just set up the possibility in the beginning and they became excited about it.

They did the work, they were thrilled, and they went with the momentum. In this way,

crew creates a lot of opportunities for success. So, even if your tools break and things go

wrong, we learn to work through frustration. The answer is not to smash the tool over

your leg or quit but practice resilience and get that positive group momentum and

resourcefulness which translate to their life outside of crew. It's good practicing ground

for those kinds of skills.

Positive effects of having a structured work routine. Staff members spoke about how

the structure of a work crew routine helped clients to get out of bed and get moving. One staff

member said:

Just the sheer structure of having people get up and go to work is very liberating. It is

very difficult for people struggling with mental illness, but having to show up somewhere

keeps people from isolating and staying in bed. Just the actual movement of showing up

and being a part of something each day helps to get out of that. Over time, that structure

has a huge impact on people getting well I think.

Another staff member said, "Work crew teaches residents what life is about…not staying in bed

all day but getting up, getting moving, working with your peers, and doing meaningful work.

That is what (name of TC) is all about…meaningful work."

The structure of a work crew routine not only gets people out of bed but it may also get

people out of their heads. Having concrete jobs or chores to focus on seems to help residents to

get out of their own head and spend less time ruminating and becoming overwhelmed by their

symptoms. One staff member said, "I feel that being engaged in a work crew really helps clients. The more they get outside of themselves, the more they will be able to get outside of their problems for longer periods of time." A couple of staff members spoke about how often residents found that working with their hands could be very therapeutic. One work crew leader said, "They often find that they reconnect, almost in a spiritual way, to working with their hands." Another staff member reported:

> The physical work has been very beneficial for people. Some people love something like working in the wood shop and it becomes an occupational thing that they want to pursue when leaving. Other people come in and find that they really like trimming the hooves on horses or other things which they had never done before coming here.

Residents often are exposed to a variety of vocational skills when working in various work crews such as housekeeping, animal husbandry, cooking, gardening, mechanics, etc… Residents often discover new interests or inspiration through their experiences on work crew.

One staff member spoke about how residents often connect with each other through conversations about work crews, what jobs their crew is working on, etc... She said that many residents had been through more traditional treatment settings before arriving at the TC. In these traditional treatment settings, clients had learned to connect with one another by talking about their illness (i.e. I'm diagnosed with Bipolar, what is your diagnosis? Or, They put me in such-and-such locked facility, have you ever been there?). She observed that many residents had lost that more normative way of connecting and making friends. At the TC, residents begin to realize there is much more to their identity outside of the mental illness label. She reports, "There is a very different feel here, people are not talking about their diagnosis at the lunch table, they are talking about what work crews they are on, what projects they are working on, etc…"

The current research seems to indicate that a resident's participation and engagement in a work crew was found to be an effective aspect of treatment. Staff members provided examples to illustrate the evidence supporting why this aspect was considered to be particularly effective. Participation on a work crew boosted resident's self-esteem and work crew activities were able to be modified in order to accommodate an individual's needs. Engagement in work crew activities helped residents with building vocational skills as well as experiencing the various benefits of having a structured work routine.

Empowerment

  Introduction. This section details staff member's illustrations and examples of the ways in which empowerment becomes an effective aspect of treatment. Some questions which this researcher asked that elicited responses pertaining to the subject of empowerment were: How are clients empowered to be invested and take ownership of their treatment? How is the client included in the treatment planning process? How does treatment within a therapeutic community reduce institutionalized behaviors such as passivity, unhealthy dependency, and low self-esteem? How are community rules and expectations decided upon? Is there an official community decision making process? Staff members discussed how the therapeutic community was set up in a way that provided residents with numerous opportunities for empowerment within the context of community membership, work crews, and relationships with peers. This section has been divided up into the following four subheadings: becoming active instead of passive: growing in one's sense of ability, involvement in treatment planning and goal setting, involvement in decision making: finding one's voice, and opportunities for leadership and mentoring peers.

  Becoming active instead of passive: growing in one's sense of ability. Many staff members discussed how treatment within a therapeutic community facilitates the shift from

residents becoming active instead of passive and seeing themselves as more capable. Many of the residents arrive to the TC after living at home, where a family member has taken care of them and made sure that all of their needs were met; therefore limiting the amount of responsibility they had in the hopes of reducing stress. Other residents come from hospital settings or locked facilities where they had no responsibilities or were not empowered at all to take control of their lives. One staff member reported:

> Their (clients) families are always worried about them and treating them…they are getting all this "treatment," so they forget that they can be active participants in their own lives. They can be the ones who are helping others, taking care of animals, noticing someone in the community who needs support, etc… Being a valued community member and engaging in meaningful work that benefits the whole community gives them a chance to be active instead of passive. It's great to watch that shift happen! Being in a community situation clicks for a lot of people and they begin to see themselves as more capable.

A staff member from a different TC reported, "If you are going to singularly say what makes (name of TC) unique and different, it is watching any individual grow in their sense of ability."

Other interviewees brought up how empowering it can be for individuals to be trusted and relied upon by others. Staff seemed to suggest that many residents have a history of not being trusted as a result of previous behaviors or the stigma that accompanies their mental illness. One staff member explained how many items on the grounds of the TC are left unlocked because trust is an important aspect of what makes community work and it is empowering to people to be trusted. Another staff member spoke about how residents are trusted to be in charge of themselves and this feels very empowering to them: "They come to realize that they are now

in charge of themselves, and if they want to walk off the property they can, because there is no lock down facility here."

Ownership of one's own treatment is something which staff members considered to be a vital part of the therapeutic process. Residents are expected to be the leaders of their own recovery process and to take an active stance and participate in their treatment. As one staff member reported:

> If residents want to see some kind of activity happen or want to see some kind of change in the community, then we are not actually going to do it for them. In order to make things happen on work crew, it does take some involvement and participation so this theme pervades. It's a very participatory environment, so the idea that one needs to participate in one's own recovery is sort of central.

It often takes a while for residents to come to the realization that no one is going to come in and fix their problems for them. The client is going to have to decide that they want to get better and then put in the work that is necessary for their recovery. One staff member gives an example:

> It is a rare occasion but we have these people we call "miracles on 108" because the TC is on highway 108. Sometimes we have these people that just floor us because when they first came here we were not even sure that we would accept them, feeling that maybe they needed to be in a hospital setting and that this isn't really the place for them. But whatever happens, they usually buy into the program and decide that no one is going to do this stuff for them except themselves.

These reports seem to indicate that many of the therapeutic communities are set up in a way that enables residents to take charge of their recovery.

Involvement in treatment planning and goal setting. Having residents set their own

goals and be involved in the planning of their treatment process is a vital aspect of life within the

therapeutic community. Staff members from all four therapeutic communities discussed the

importance of this concept. Staff reported that more progress tends to occur if individual

treatment is driven by the residents themselves. As one staff member so eloquently put it,

"Residents are driving their own boat of their recovery. So they are able to pick and choose the

things that work for them within our framework." At one particular TC, the first thing a resident

does upon arrival is to write up a "dream statement." They are encouraged to write down what

they want to achieve in their life, what they wish for themselves and their future and everything

is based off of that. Their "dream statement" guides their recovery.

At another TC, the resident sits down with their clinician and other members of the

treatment team and discusses their personal goals. They are encouraged to talk about what they

want to get out of their stay at (name of TC). A staff member reports:

> We develop the ISP (Individual Service Plan) with them (clients), but it should be their
>
> goals. What do they want, and what are their dreams and goals, and what do they want to
>
> do? It isn't just what we think they should do-It is about them and their goals. We work
>
> in collaboration with them to help them achieve their goals. So, it isn't just a clinician
>
> telling them what they will work on because that is not right.

At another TC, the resident creates a document called an "action plan" during their first week at

the TC. The action plan is a comprehensive document that includes a resident's long term goals,

short term goals, concrete ways the resident feels they can accomplish their goals, and how they

feel they can contribute to the community. The treatment team periodically reviews the action

plan with the resident to see which goals have been accomplished and which goals need to be

amended to ensure the plan remains relevant to the personal goals of the resident. One staff member reports:

> The philosophy of (name of TC) is very much about the resident deciding upon the goals of their treatment. It's not so much from the top down but more from the resident's view with input from the team, but it's definitely collaborative. I always approach it as, what are the things that you, the resident, want to see accomplished before you leave (name of TC)?

This client-centered approach to treatment focuses in on what it is that motivates the client. The theory behind this treatment model is that the individual will be more likely to invest their energy and hard work into treatment if it is centered on their personal goals.

Involvement in decision-making: finding one's voice. The therapeutic communities are set up in a way that empowers residents to find their voice and advocate for themselves. As one staff member put it, "Everyone's voice is important and everyone has a voice if they choose to use it." Staff members seek out resident's suggestions and input along the way. A staff member explains:

> To a large degree our residents are in control and they decide upon things. The resident coordinator is there to guide them through the process but everything is geared toward empowering the resident. It is one of the seven domains that our program is based on…it's empowerment. We very much encourage residents to speak up and advocate for themselves and for each other through resident meetings, or goal setting, or community meetings or daily morning meetings. All staff in general are open to feedback and input into our program.

Another staff member discusses the impact that residents can have on the program: "Residents have a big voice in what we do and how we go about it and how we change over the years. We really want the residents to be empowered and involved in as much of the decision making as possible."

A staff member from a different TC reported that they recently started up a residents-only meeting, which resulted from a resident requesting to have a venue where residents could discuss and process issues amongst themselves. Another staff member discussed how residents have the ability to "make things happen" in the community:

> I think that we put a lot of emphasis on the resident being empowered to make changes because there is less of a hierarchy. I think it's much more about what they can do both towards their own recovery and in this setting. There are ways in which people can contribute to making things happen here. So, there's an empowerment factor and the sense of responsibility is really big here.

At another therapeutic community, residents move up through a phase system as they progress through their treatment. As a resident's attendance and participation in groups, meetings, and work crew improve, they move up through the three different phases. Once a resident reaches phase three, they become a member of the resident council and take on more of a leadership role. A staff member explains:

> If they get to phase three, they are expected to model good behavior and mentor others and also attend the resident council meetings. The resident council makes a lot of decisions and the council members are open to suggestions from the residents in the community and can actually engage policy and create policy.

Resident council also gets to make big decisions about what social outings and activities they will do each month; so there is a great incentive for residents to work their way up to 'phase three.'

Opportunities for leadership and mentoring peers. Residents who are given the opportunity to take on a leadership role or to mentor a peer can experience this as very empowering. Some residents may have a history of always being on the receiving end of services or often in the position of needing support from others. Thus, a great feeling of empowerment is derived when a client is given the opportunity to teach others what they know or provide support to those who need it. This both empowers an individual and boosts their self-esteem. A work crew leader reports: "We had a prospective staff visiting last week and I had a resident show her how to split (wood) and he was so excited to teach her what he knew." Another work crew leader at this TC discussed leadership within the work crews: "If someone wants a leadership role we are open and sensitive and receptive to people's capabilities. There are residents who work in more of a crew leading role and that is really wonderful for everyone." It was also noted that at this TC, when a new resident arrives, they are assigned a peer mentor (a resident who is already familiar with the program) to show them around and orient them to the program.

Two of the four therapeutic communities had treatment programs which emphasized peers supporting and mentoring each other as well as peers becoming leaders within the community. At one TC, each of the lodging units votes and decides on two residents from that lodge who will act as the lodge representatives. This is a position which entails being a role model, a spokesperson, an advocate and a leader. A staff member explains, "In every lodge there are two lodge reps and those two people are kind of the mentors for the lodge who other residents go to with issues. Lodge reps attend community meetings and are responsible for

running/facilitating the resident meetings." Another staff member further explained the resident meetings:

Resident meetings are self-led and representatives from each of the lodges are responsible for facilitating these meetings and addressing any issues which are brought up by residents during the meeting. They (lodge reps) may bring those issues to the staff meeting after working on the issue amongst themselves first; this is another avenue for decision making.

The residents at this TC also run the daily morning meetings as well as the sunflower council, which is a resident-run group that plans social and recreational activities for the community. Residents are also responsible for organizing events such as field days and basketball games played against a community from the next town over.

This particular TC also highly encourages peers mentoring one another. Every resident is assigned a peer mentor upon arrival to the TC. If a resident is isolating in their room, their peer mentor will make attempts to engage that person in some way. Some residents end up graduating from the program and then later on come back to work at the TC. A staff member explains:

People who used to be residents come back and work here and that is highly encouraged. We have people who go through the "peer support specialist" training…we have had a lot of people going through that training while they are residents here and a couple have come back and worked here, for instance, as support staff or working in the garden, etc…

Sometimes residents can support each other in ways that staff members cannot. A staff member discusses this notion:

They can talk to their peers who understand and know how they feel. They know the illness more than I would because I don't know what it feels like to have schizophrenia

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but they do and they share that. For instance, in one conversation between two former

residents…one of them was in denial about hearing voices but the other person said,

"That's ok, I have voices too." So they had this great conversation and the peer really

helped by saying, "it's ok, I have this illness too". So it's amazing how they help each

other.

The residents all have lived experience of having a mental illness and are at different points in

their recovery. Residents who are further into their recovery can give advice and support to those

who are just starting on the path of their own recovery.

Another therapeutic community supports peers mentoring one another and residents

transitioning into leadership positions through the use of a phase system, which was described

briefly earlier. Through the use of a phase system, residents are able to observe that once

somebody is doing well in the program (phase three), they can become role models for others in

the community. Individuals in phase three are appointed a seat on the resident council. The

resident council members collect feedback and input from the rest of the community with regard

to creating community rules or planning outings and activities. One staff member explains:

At (name of TC) it is not just us making the rules or us deciding on the trips. All of the

residents give feedback and input to members of the resident council when deciding on

things such as visitor's hours, etc…we try to give them a voice so they are empowered.

If residents disagree with a rule that is already in place they can bring this up during a

community meeting and the issue can be discussed there. In this way, the community is run

democratically.

Participants emphasized the importance of residents being presented with opportunities

for empowerment and suggested that the therapeutic community setting is conducive to

empowering individual's to take ownership of their treatment. This unique treatment setting assists residents with realizing their potential. As residents begin to realize their many capabilities, they transition from a passive role to a more active role. The therapeutic community presents to the resident many opportunities to be active in their own treatment. This active role is encouraged through empowering activities such as involvement in treatment planning and goal setting, involvement in community decision making, and having opportunities for leadership and mentorship of one's peers.

Relationships

    Introduction. This section details staff member's illustrations and examples of the ways in which building positive relationships are an effective aspect of treatment within a therapeutic community setting. Because of the nature of a therapeutic community setting, the building of healthy relationships is an essential aspect of the treatment process. The two questions which elicited responses regarding this particular aspect of treatment were: How is collective responsibility encouraged within the community? How are issues of isolation or social exclusion addressed within the community? Participants explained how residents have opportunities to build relationships with peers and staff within the context of work, social outings, and community events. This section has been divided up into the following four subheadings: the impact of meaningful relationships, relationship building as a corrective experience, staff members prioritize building healthy relationships, and peer feedback and support.

    The impact of meaningful relationships. Many staff members discussed how a resident's opportunity to build healthy, meaningful relationships is one of the most effective aspects of treatment within a therapeutic community. Residents are able to build relationships in the context of working as a part of a team on work crew, through community membership, and

through being supportive of one's peers. One staff member discussed how a resident's

relationships and friendships are a big part of his/her treatment: "…whether it is therapeutic

relationships with therapists or staff or friendships with peers, all of that contributes to their

treatment here." Another staff member reports, "Relationship is the biggest thing because we are

a relationship centered program, so they form relationships with us and with each other and that

leads back to that sense of being in community." When discussing the effective aspects of

treatment within a therapeutic community setting, one staff member reported:

> I can't name just one effective thing other than relationship. That is the main thing we
>
> offer: being in relationship with other people. Everybody benefits in an effective way
>
> from that. I have one guest who has been here for two and a half years who still struggles
>
> with getting to work every day but the fact that she has been able to participate in
>
> community and make friends is a huge change in her life.

Thus, the opportunities to build relationships and gain friendships has a significant impact on a

resident's treatment experience.

Relationship building as a corrective experience. Some staff members discussed how

many of the residents have not experienced many healthy relationships and others have not had

any enduring friendships at all. A staff member explains:

> They have lost a lot of relationships because of the illness. So being here and having the
>
> opportunity to make new relationships is a big part of guests having a better sense of their
>
> wellbeing and provides a lot of opportunities for their success.

From the data gathered, it seems clear that a lot of healing comes from residents building

relationships with their peers and breaking away from the stigma with which they came to the

program. Another staff member said that when it comes time for residents to leave the program,

they often say that the thing which they are most grateful for is the relationships that they were able to build while at the program.

Staff members prioritize building healthy relationships. Many staff members felt that the therapeutic community environment is more conducive to building strong relationships. One staff member reports:

> We have a clinical side here, for sure, but even the clinicians and therapists and psychiatrists here are so personable and work really hard on building relationships. I don't think any hospital could touch on that. They're just not set up that way.

Other staff members talked about the importance of getting to know residents as individuals and accepting them for who they are. One staff member reported that residents truly appreciate:

> …not being judged and getting to be known as an individual person and being accepted on some basic level for who they are. This is really important. We try not to be too judgmental but instead try to get to know people as individuals, not as their diagnosis.

Building strong relationships with residents has a positive impact on their sense of self-esteem and self-worth. Healthy relationships often include a variety of attributes such as: acceptance, trust, setting appropriate boundaries, respect, kindness, and honesty. One staff member reports:

> One of the things that we (staff) all offer is love and kindness to people who often don't feel worthy of that. They have often lost their own sense of self-value so that is one of the most powerful things that we do. All aspects of our treatment program are important and part of our picture and plan and I don't think you can separate any of it out, but what makes it all work is that kindness and encouragement.

Another staff member discussed the impact of residents having the opportunity to form positive attachments and relationships:

If you build really strong attachments then the idea is that people will feel secure enough

in themselves to go off on their own and lead a holistic life…So, that happens here where

people build strong attachments which builds up their self-esteem and then they feel so

much better that they can go out and conquer things. So, I think relationship is the key.

That might be the most effective aspect of any therapeutic community and maybe that is

what they are all built on.

Peer feedback and peer support. At one particular therapeutic community, peer

relationships are an important aspect of the program as residents are expected to hold each other

accountable for behavior. This community has a phase system and as residents become more

engaged in their treatment and improve their participation, attendance, and involvement they

move up a phase. Once a resident enters phase three, they are expected to role model good

behavior, mentor newer residents, and take on more leadership responsibilities such as being on

the resident council. A staff member explains:

Peer relationships are a big part of therapeutic community. The peers provide each other

with a constant support system and residents will often look upon their peers for

feedback. We have a community meeting once a week and if a resident wants to move up

to a certain phase they have to go back and ask their peers from their cottage if that is

okay. Peer relationships have a big influence here so they have to toe the line or their peer

group will remind them what is right or not right when asking to move up a phase.

Cottage meetings are held when a resident requests to move up a phase. During these cottage

meetings, all of the residents take turns giving their feedback which may consist of what the

resident has been doing well and what the resident needs to continue to work on/improve upon.

After all feedback has been given, the cottage takes a vote as to whether this resident is ready to

move up to the next phase. It is also possible for a cottage to call a meeting if they feel someone

needs to go back down a phase. It is in this way that decision making is conducted and residents

hold each other accountable for behavior.

At another therapeutic community, staff members have recently started to encourage a

procedure for peer mediation which residents can utilize when experiencing interpersonal

problems. This procedure is called a "Wisdom Council," a staff member explains:

> Essentially this is all it is: when someone is having a personal issue or someone is
>
> struggling with a particular person or something is just really triggering them, we will tap
>
> them and say, "Hey, it looks like you are really struggling with this; would you like to
>
> call a group of people together whom you trust and respect or whom might have some
>
> wisdom to share with you?" Then this group of people will have a huddle or get together
>
> to process the issue out. What we are hoping will happen is that it will be mostly peer-
>
> based and not have as much staff involvement.

In this way, peers are providing each other with support and putting their heads together to

problem solve around issues. Many times when there are difficult interpersonal issues or

conflicts which arise, that is a sign that there is a need for making some constructive changes and

utilizing various problem solving skills.

Thus, staff members report that the building of healthy relationships is an effective and

vital aspect of treatment within a therapeutic community setting. Residents have opportunities to

build relationships with their peers and staff within the context of work, recreational activities,

and community life. Building healthy relationships can provide a corrective emotional

experience which boosts a resident's sense of self-esteem and self-worth.

Limitations

Despite this researcher's attempts to recruit for diversity, the final sample was rather homogenous and consisted of nine women and three men, all of which were Caucasian. There are very few psychiatric therapeutic communities in the United States and the four TC's which were included in this study were located in rural locations that are not especially diverse. Therefore the lack of diversity in this sample might be identified as a weakness of this study. While the findings of the present study found significant similarities among the four therapeutic communities, it should be noted that these findings may not be generalized to therapeutic communities outside of the United States.

Summary

The findings suggest that community membership, participation in the work program, opportunities for empowerment, and relationship building are four effective aspects of psychiatric treatment within a therapeutic community setting. Through the course of the interviews it became evident that these four effective aspects of treatment tend to overlap and intersect. Most participants believed that it was the combination of these four aspects which facilitated an individual's recovery process. The implications of these findings will be discussed in the following chapter.

CHAPTER FIVE

Discussion

Introduction

The purpose of this study was to explore staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. The therapeutic communities included in this study were all "democratic" in nature, as defined by Campling (2001). Although psychiatric treatment within a therapeutic community setting is more common in Britain and Europe, it is rather rare in the United States as evidenced by the small number of democratic therapeutic communities located in the U.S. This study seeks to give voice to the staff members who work within these unique treatment settings as well as contribute to the rather small pool of research which has been conducted on therapeutic communities. This study allows staff members to give voice to the benefits of such treatment facilities.

Major Findings

The four effective aspects of treatment which were most frequently identified by staff members were community membership, participation in the work program, opportunities for empowerment, and relationship building. Participants in this study believed that through participation in the community, the work program, and recreational activities, residents grew in their sense of ability. The therapeutic communities included in this study seemed to be set up in a way that provides residents with many opportunities for empowerment and relationship building. Such opportunities tend to positively impact a resident's sense of self-esteem, self-worth, and self-value.

Much of the previous literature included in the literature review discusses the history of therapeutic communities and many of these publications are quite dated (Beseda, C.D., 1979; Mosher, L.R., & Menn, A.Z., 1978). Additionally, previous studies that have been published tend to discuss therapeutic communities outside of the United States (Gale, J., Realpe, A. & Pedriali, E. 2008; Campling, P., 2001; Itten, T., 2007; Kennard, D., 2004; Rosenberg, D., 2002; and Mills, J.A., & Harrison, T., 2007). Despite the limited amount of current research conducted on the efficacy of therapeutic communities within the United States, this researcher was surprised to find that the themes of community membership, work, empowerment, and relationships can be traced back in history. The following section will illustrate how the results of this study confirmed the continuing emphasis on the dominant themes of therapeutic communities included in the literature review.

Effective Aspects of Therapeutic Community Treatment Valued Throughout History

The four aspects of treatment which were deemed most effective by participants in the current study are aspects which appear to be emphasized in therapeutic communities throughout history. The following section will illustrate how these aspects of treatment have been valued as far back as 1796 (Kennard, 2004). This section will be organized into the following sub-headings: emphasis on empowerment, prominent themes and therapeutic ingredients of treatment, participation in work as a means of building community, and social integration and relationship building within the context of community membership.

Staff members in the current study frequently discussed how residents of the therapeutic community are treated with kindness, respect, love, and acceptance. The emphasis on respectful treatment of individuals with mental illness can be traced back to 1796, when the Quaker William Tuke developed a model of care called, "moral treatment" which was utilized in a

treatment setting called, "The Retreat" (Kennard, 2004). In this setting, "…the mentally ill were accorded the status of equal human beings to be treated with gentleness, humanity, and respect" (Kennard, 2004, p.298). The core values of the therapeutic communities included in this study resonate with those employed at "The Retreat" and include the value of personal relationships as a healing influence, the importance of engaging in useful occupation, and creating an environment which facilitates healing and recovery.

      Emphasis on empowerment. It appears that the effective aspect of "empowerment" was also highly valued by John Rickman and Wilfred Ruprecht Bion, the two British psychoanalysts who created the first ever psychiatric therapeutic community (in Northfield Military Hospital) in 1945. Participants of the current study discussed how a resident's involvement in decision-making, treatment planning, and mentoring of peers were all activities which facilitated the empowerment of residents. These empowering activities were also valued as key elements in the treatment of soldiers at Northfield, back in 1945. Mills and Harrison (2007) reported that Bion encouraged the soldiers of Northfield to create a group of their own making. Through this group, the soldiers helped to organize the structure of the therapeutic program in the way that they wanted. This provided them with a sense of ownership and personal responsibility. As in many of the communities I studied, a mentoring system was put into place so that those already in the community helped newcomers to orient themselves. These empowering activities were found to be effective in the rehabilitation of these soldiers just as staff members found the emphasis on empowerment to be an effective aspect of treatment in today's therapeutic communities.

      In 1965, Scottish psychiatrist R.D. Laing set up Kingsley Hall which was a community that served as a sanctuary for those experiencing psychosis. Itten (2007) writes that R.D. Laing, "…was not interested in curing symptoms. His aim was to practice an approach that would

enable and empower patients to find the healing solution within their own selves" (p.73). This resonates with something a staff member in my research indicated: "We don't pretend to be a bunch of experts fixing people but instead give people an opportunity to utilize the support of a caring community."

Itten (2007) discussed how the philosophy at Kingsley Hall was one of "being with" a person experiencing psychosis rather than "treating" them. He reports that the environment of Kingsley Hall resonated with Loren Mosher's "To be with, rather than do for" (Itten, 2007, p.74). As evidenced by staff members' feedback, this philosophy is still prevalent in today's therapeutic communities. At Kingsley Hall it was found that creating an atmosphere of trust, freedom, and responsibility contributed to the successful treatment of patients. This was a notion which was also shared by the participants of the current study.

Prominent themes and therapeutic ingredients of treatment. In 1970, Robert Rapoport published the book *Community as Doctor,* which discusses the results of an anthropological study which he conducted in a therapeutic community within Henderson Hospital. Based on his observations of this particular community, Rapoport identified five main themes that characterized the structural organization of the therapeutic community and the culture it produced. The five themes he identified are all themes that still prevail in the therapeutic communities which were included in the current study: democratization, acceptance, communalism, reality confrontation, and reciprocal relationships.

Mosher's (1978) longitudinal study compared residential treatment with minimal use of anti-psychotic medications within a therapeutic milieu setting with the traditional inpatient psychiatric hospitalization treatment for patients newly diagnosed with schizophrenia. The former treatment method was referred to as Soteria treatment. Mosher's study found that Soteria

treatment resulted in better two-year outcomes for patients with newly diagnosed schizophrenia.

Mosher suggested some likely sources of benefit could be found in the therapeutic ingredients of

Soteria treatment. These include the therapeutic milieu, staff attitudes, therapeutic relationships,

social networks, and supportive social processes (which include the creation of a family-like

atmosphere, an egalitarian approach to relationships and household functioning, and an

environment that respected and tolerated individual differences (Mosher and Menn, 1978,

p.226). Throughout the interviewing process for this research it has become clear that the

therapeutic ingredients of Soteria treatment remain integral ingredients of the four therapeutic

communities included in this study. Staff members frequently discussed how residents having

the opportunity to build healthy relationships with staff and peers positively impacted their

mental health in numerous ways.

Participation in work as a means of building community. Beseda (1979) conducted a

research study which focused upon the use of social analysis in two selected therapeutic

communities: Gould Farm and Spring Lake Ranch. The major finding of Beseda's study

indicated that,

> Social analysis played a diminished role in these treatment practices and clinical analysis
>
> was replaced by an emphasis upon communalism and the community work program. The
>
> emphasis that each program placed upon the residents' functioning in the work crews did
>
> appear to improve many residents' level of activity, their work abilities and their
>
> responsibility for daily living tasks (Beseda, 1979, p.38).

While the current study did not explore the use of social analysis, its findings did indicate that

communalism and the community work program were vital to the treatment program. Staff

members believe that a resident's participation on work crew effectively improves their level of activity, their sense of capability, and their sense of personal responsibility.

At The Farm, located in Farooqabad, Skeikhupura, Pakistan, therapists also emphasized work as one of the main facets of treatment which contributed to an individual's rehabilitation. Practitioners believed that the involvement of residents in agricultural work not only boosted their sense of self-worth and value but provided residents with relevant skills that they will need once leaving the farm (Gale, Realpe, & Pedriali, 2008). The Dickey and Ware (2008) study also indicated that a resident's participation in work facilitates personal growth. As they wrote, "…work is the enactment of communalism, it not only builds community but also leads to personal growth" (p.107).

Social integration and relationship building within the context of community membership. The themes of social integration and a developing sense of connectedness were evident in the communities included in this study. Ware, Hopper, Tugenberg, Dickey, and Fisher (2007) conducted a qualitative study to create a new definition of social integration. The study resulted in social integration being newly defined as, "…a process, unfolding over time, through which individuals who have been psychiatrically disabled increasingly develop and exercise their capacities for connectedness and citizenship" (p.471). The authors further clarify that "connectedness" means the construction and successful maintenance of reciprocal interpersonal relationships and "citizenship" refers to the rights and privileges enjoyed by members of a democratic society and to the responsibilities these rights engender (p.471). The theme of reconnecting residents through community membership and relationship building was discussed frequently by the staff members in the current study. Due to their mental illness, many residents had histories of isolation, marginalization, and stigmatization; their involvement in the

therapeutic community provided them with the opportunity of being socially integrated into an accepting community.

Similar to the current study, Dickey and Ware's (2008) research involved interviewing staff and residents of a therapeutic community. The researchers reported that the interviews illustrated the ways in which communal living contributes to recovery and, more specifically, social integration. Furthermore, the interviews,

> …suggest that making new connections with others improves understanding of how to initiate and maintain relationships. In this way, growth within the community may become the impetus for seeking involvement and active participation in the larger social world (Dickey and Ware, 2008, p.108).

Similarly, the staff members in the current study believed that the therapeutic community provided residents with a training ground or a safe environment in which to practice initiating relationships and engaging in social activities.

Implications of the Findings for Social Work Practice

The profession of social work seeks to focus upon the person in environment. The NASW Standards for Clinical Social Work in Social Work Practice (2005) reports that social work, "…centers on a holistic approach to psychotherapy and the client's relationship to his or her environment. Clinical social work views the client's relationship with his or her environment as essential to treatment planning" (p.7). Additionally, social workers are encouraged to analyze the ways in which a person's environment is affecting him or her. The current study illustrates the ways in which the treatment environment impacts an individual's recovery process. Individuals who are receiving psychiatric treatment in an environment which fosters community

membership, personal responsibility, empowerment and relationship building are seemingly able to make significant progress towards their recovery.

Implications for Social Work Education and Training

My findings indicate that whether a social worker is working within a therapeutic community, an outpatient clinic, or a private practice, the importance of connecting a client to a supportive community, empowering a client to take charge of their treatment, and building healthy supportive relationships are all important aspects to incorporate into clinical practice.

Social work education should teach students how to better connect their clients to a larger supportive community. More specifically, social workers should be taught about the various peer support networks and communities which exist throughout the country such as clubhouses and RLCs (Recovery Learning Communities). These communities offer compassion and support around recovery issues through the utilization of peer support services. Many RLCs also offer employment services and educational services such as GED classes.

The importance of empowerment should also be emphasized in social work education. Social workers would benefit from receiving trainings on various empowering activities which they can use in their work with clients. More specifically, social workers should be trained on how the treatment planning process can be an opportunity to empower a client to take the lead in their treatment. These trainings should teach clinicians how to include a client's personal goals into the treatment plan and also how to break down large goals into manageable objectives that can be included in treatment planning.

Additionally, social workers should be provided with trainings and education about the importance of relationship centered care. The healthy therapeutic relationship which a clinician forms with their client can be a foundation for the client's personal growth and healing. Social

workers would benefit from trainings that focus on how to be a caring, honest, compassionate clinician while maintaining healthy boundaries with the client.

Limitations

Limitations to the transferability and generalizability of findings generated by this qualitative study include a limited sample size, a snowball sampling method, and participant bias, as all had expressed an interest in discussing what they believed to be the effective aspects of treatment within a therapeutic community setting. It can be assumed that staff members who did not believe this particular treatment mode to be effective would not volunteer their time to participate in this study. Additionally, the sample used in this study was rather homogeneous; all participants identified as Caucasian and nine out of twelve participants identified as female. Due to this and the limited sample size, the current sample cannot be considered representative of the population as a whole.

Recommendations for Future Research

Much more research is needed on the efficacy of psychiatric treatment within a therapeutic community setting in the United States. Such research, focusing attention on the empowerment of the client and the building of supportive relationships, could have implications for the kind of treatment given in a variety of settings.

A study which is more quantitative in nature might also focus on whether or not this type of treatment setting, especially with regards to the work crews, may be a more cost-effective, viable treatment option when compared to the costs of inpatient hospitalization and other treatment modalities. Such a study could seek to determine the economic advantages of having staff and residents in therapeutic community settings contributing to the overall cost of treatment through their participation in work programs. Through the work program, staff and residents

often grow their own produce and raise their own cattle which helps to nourish and sustain the community. Through the utilization of work crews, staff and residents work together to prepare and cook the meals, complete cleaning & other housekeeping chores in the residential lodges, repair farm equipment, and harvest goods such as maple syrup which often are sold to the greater community. It seems that being a more self-sustained community would cut down on a lot of programmatic costs. Therefore, it is recommended that further research be conducted on the cost-effectiveness of therapeutic community treatment as opposed to other treatment modalities.

Further research could focus upon the long term outcomes of individuals who have received treatment within a therapeutic community setting as contrasted with individuals who received treatment in a psychiatric hospital or outpatient setting. Such a study could follow residents over a period of five to ten years after discharge from a therapeutic community or psychiatric hospitalization. It would be interesting to learn more about the long-term outcomes of each of these treatment modalities. The current approach to psychiatric treatment tends to be crisis driven and treatment is often short in duration. Inpatient psychiatric units are often pressured by the insurance companies to stabilize the patient and discharge him or her as quickly as possible. Due to budget cuts, there are often minimal supports available to an individual upon discharge into the community. This, unfortunately, results in individuals cycling in and out of psychiatric hospitalizations which can be quite costly.

Conclusion

Through the course of this exploratory/descriptive research study it was found that staff members' believed the most effective aspects of psychiatric treatment within a therapeutic community setting were community membership, participation in the work program, opportunities for empowerment, and relationship building. These four effective aspects of

treatment tended to overlap and intersect with one another. Most participants believed that it was the combination of these four aspects which facilitated an individual's recovery process. It was recommended that further research be conducted on the cost-effectiveness of this treatment modality as well as the long-term effects of this unique treatment as compared to more traditional approaches.

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Appendix A

Interview Guide

1. What motivated you to seek employment at (name of therapeutic community)?
   - a.) Were you specifically seeking work within a therapeutic community setting?
   - b.) Have you worked in other psychiatric treatment facilities? If so, how does working in this therapeutic community differ from previous work environments? How is it similar?

2. What would you say sets psychiatric treatment at this facility apart from other treatment settings? In what ways is it similar?
   - a.) What are the defining characteristics of treatment at (name of therapeutic community)?
   - b.) How does communal living contribute to an individual's overall improvement in mental health?

3. What are some specific aspects of treatment which you believe contribute to an individual reaching their highest level of functioning?
   - a.) What are some examples that come to mind?

4. Do clients engage in work activities at (name of TC)? If so, what kinds of work activities do clients participate in?
   - a.) How is the decision made as to which work activities each client will participate in?
   - b.) How does work contribute to an individual's improvement in mental health? What are some examples of this that come to mind?

5. How is the experience of living, learning and working together integrated to be therapeutic?
   - a.) How is collective responsibility encouraged within the community?
   - b.) How are community rules and expectations decided upon?
   - c.) Is there an official community decision making process? If so, please describe it.

6. Many therapeutic communities have a flattened hierarchy where all direct care staff's feedback is valued and everyone has equal input into a client's treatment. Can you explain the ways in which client care & treatment planning is a collaborative approach?

a.) How is the client included in the treatment planning process?

b.) Can you provide an example to illustrate this?

7. How have the clients' capacity for connectedness and citizenship been developed?

8. How are issues of isolation or social exclusion addressed within the community? Please provide an example to illustrate this.

9. How are clients empowered to be invested and take ownership of their treatment? What are some examples that come to mind?

10. How does treatment within a therapeutic community reduce institutionalized behaviors such as passivity, unhealthy dependency, and low self-esteem? Please provide an example to illustrate this.

11. What do you believe to be the most effective aspect of psychiatric treatment at (name of therapeutic community) and why?

Appendix B

Informed Consent

Dear Research Participant,

My name is Megan Wimmersberger, and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. This exploratory/ descriptive study will investigate the various aspects of therapeutic communities which facilitate the recovery process of individuals diagnosed with severe and persistent mental illness (SPMI). You have been asked to participate in this study because, as an experienced staff member, you have working knowledge of the potentially healing elements of therapeutic communities. This study will be presented as a thesis, is being conducted in partial fulfillment of the Master's of Social Work degree at Smith College School for Social Work, and may be used in possible future presentations or publications on the topic.

As a participant, it is understood that you have at least one year of experience working within a therapeutic community setting. If you choose to participate, I will ask you to engage in a phone interview which will be recorded; the interview will last approximately 30-45 minutes. Prior to the interview you will be asked to answer some brief questions regarding demographic information about yourself, such as your age, education, ethnicity, and other background information so that I can characterize the diversity of my sample. The interview itself will consist of semi-structured questions focusing on your experiences and observations of working with adults diagnosed with SPMI within a therapeutic community. The total amount of time for participation will be approximately 30-45 minutes.

While there will be no financial benefit for taking part in the study, participation will allow you to share your knowledge and experience about working within a therapeutic community setting. Your contributions will provide important information that may be helpful in furthering knowledge of the effects of psychiatric treatment within a therapeutic community within both the professional and educational spheres. Although all identifying information will be held in confidence and participant names will not be disclosed in the writing of the thesis there is the risk that your co-worker's will find out that you have chosen to participate in this study due to your working in such a small, close-knit community.

Your confidentiality will be protected in a number of ways. The demographic information and the audiotape of the interview will be assigned a number for identification. You will not be asked to identify your name while the tape is running, and you are asked not to include any identifying information in any examples of case material you may use. Some illustrative quotes will be used in the thesis, but will be reported without identifying information

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and disguised if necessary to better protect your privacy. I will be the primary handler of all data including tapes and any transcripts created. My research advisor will have access to the data collected during the interview including any transcripts or summaries created and will assist in the analysis of the data. In addition, any person assisting in transcription will be required to sign a confidentiality agreement. I will keep the demographic information, tapes, transcripts, and other data in a locked and secure environment for three years following the completion of the research, consistent with Federal regulations. After that time, all material will be kept secured or destroyed.

As a voluntary participant, you have the right to withdraw from the study at any time – before, during, or after the interview – without penalty. You may withdraw from the study up to two weeks after the date of your interview.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant _____ Date _____

Signature of Researcher _____ Date _____

Thank you for participating in this study. If you have any questions or would like to withdraw from the study, please contact:

Megan Wimmersberger
PAES Counseling & Pre-Vocational Services
1235 Mission Street, Second Floor
San Francisco, CA 94103
(xxx) xxx-xxxx
xxxxxxxx@xxxxxx.com

Please keep a copy of this consent form for your records.

Appendix C

Recruitment Email

Dear staff members of (name of therapeutic community),

My name is Megan Wimmersberger, and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore staff members' perceptions of the effective aspects of psychiatric treatment within a therapeutic community setting. This exploratory/ descriptive study will investigate the various aspects of therapeutic communities which facilitate the improvement of mental health of individuals diagnosed with severe and persistent mental illness (SPMI). This study will be presented as a thesis and is being conducted in partial fulfillment of the Master's of Social Work degree at Smith College School for Social Work.

If you choose to participate, I will ask you to engage in a phone interview which will be recorded; the interview will last approximately 30-45 minutes. For the purposes of this study, participants must be 18 or older, have worked within the TC for a minimum of one year, and be able to speak and understand English.

Because you have a familiarity with and knowledge of the workings of a therapeutic community, your insights will be invaluable to this research project. I am hoping to interview staff in a variety of roles to best mirror how a therapeutic community truly functions. Thank you for your consideration in participating in my study. Please let me know at your earliest convenience if you are interested in participating, if so I will then forward an informed consent form for you to complete and return to me.

Thank you for your time,
Megan Wimmersberger

Appendix D

Transcriber Confidentiality Agreement

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as is any identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also confidential information. Specific research findings and conclusions are also confidential until they have been published or presented in public.

- The researcher for this project, Megan Wimmersberger, shall be responsible for ensuring that all volunteer or professional transcribers handling data: (a) are instructed on procedures for keeping the data secure and for maintaining all of the information in and about the study in confidence, and (b) have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with Federal guidelines.

PLEDGE I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Megan Wimmersberger, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

_____   _____
[NAME]   Megan Wimmersberger
Transcriber   Researcher

_____   _____
Date   Date

Appendix E

Letters of Permission

Emailed 'Letters of Permission' from Therapeutic Communities

<u>Permission from CooperRiis:</u>

Wed, December 1, 2010 5:32:38 AM

RE: TC research project

From: Ken Dean <xxx.xxxxx@cooperriis.org>
       Add to Contacts

To: Megan Wimmersberger <xxxxxxxx@xxxxxx.com>

Megan,

We are good to go. Our Operations Team has approved our participation. As HR Director and Compliance Officer for our organization I hope this e-mail will suffice as official permission for you to include CooperRiis in your Therapeutic Community Research Project which involves interviewing staff who have been with us for over one year.

Let me know what steps you would like for me to take next.

Ken

Kenneth L Dean Jr.
Human Resources Director & Compliance Officer
xxx.xxxxx@cooperriis.org
xxx-xxx-xxxx - Office Phone
xxx-xxx-xxxx - Office Fax
xxx-xxx-xxxx - Cell Phone

CooperRiis
101 Healing Farm Lane
Mill Spring, NC 28756

Permission from Gould Farm:

Wed, December 1, 2010 8:54:48 AM

Research for Gould Farm

From: Cindy Kelly
           <xxxxxx@gouldfarm.org>
           Add to Contacts
To: "xxxxxxxxxxx@yahoo.com"

Dear Megan

We would be pleased to assist you in your research. I will be in touch with you shortly with a list of names and numbers of staff members who wish to participate.

Best,
Cindy Kelly

Director of Marketing and Outreach
Gould Farm
PO Box 157
100 Gould Road
Monterey, MA 01245
xxxxxxxx@gouldfarm.org
xxx-xxxx-xxxx

www.gouldfarm.org

Permission from Spring Lake Ranch:

Fri, November 19, 2010 7:13:44 AM

Re: research study

From: Bridget Scott <xxxxxxx@springlakeranch.org>
           Add to Contacts
To: Megan Wimmersberger <xxxxxxx@yahoo.com>

Megan,

I put it out there, and it doesn't appear that anyone has any objections. You can plan on having our cooperation for your study.

Let me know what comes next. In particular, I will need to brief the participating staff on how they should handle the confidentiality of our residents.

I reckon we'll be in touch.

Bridget Scott

SPRING LAKE RANCH
1169 Spring Lake Road, Cuttingsville, Vermont 05738
PH: (xxx) xxx-xxxx FAX: (xxx) xxx-xxxx

Permission from Hopewell Therapeutic Farm:

From: Candace Carlton <xxxxxxx@hopewell.cc>
To: Megan Wimmersberger <xxxxxxxxx@yahoo.com>
Sent: Fri, January 14, 2011 12:07:57 PM
Subject: RE: sending packet

There are several staff members who would be willing to participate in an interview. Please be sure to use the P.O. Box when sending us the informed consent packet. I am looking forward to helping you and seeing your final paper.

Thanks,

Candace

Candace Carlton, LISW-S
Compliance Officer/Clinical Manager
P.O. Box 193
Mesopotamia, OH 44439
xxxxxxxxx@hopewell.cc
www.hopewell.cc

phone: xxx-xxx-xxxx extension xxx
fax: xxx-xxx-xxxx

Appendix F

HSR Approval Letter

SMITH COLLEGE
School for
Social Work

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

December 9, 2010

Megan Wimmersberger

Dear Megan,

Your second revision has been reviewed and approved. You now make the recruitment process very clear and we are glad to approve your study.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Chad Kordt-Thomas, Research Advisor