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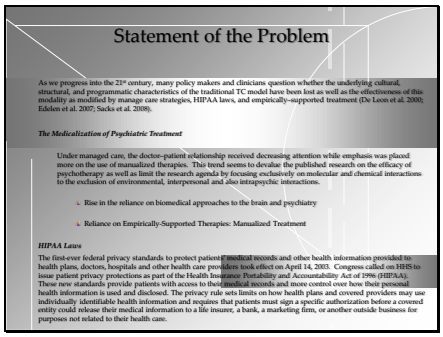

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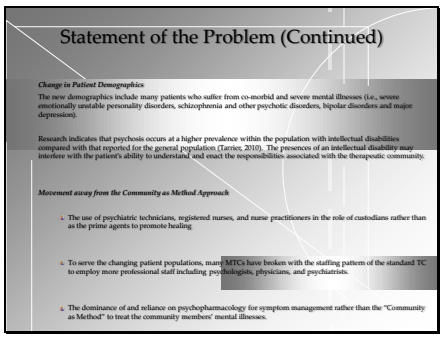

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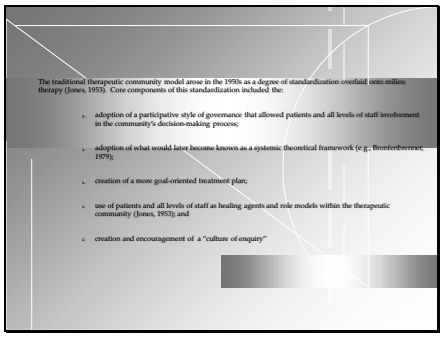

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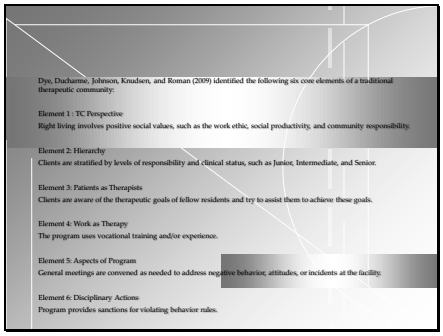

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It is the community, patients and staff working together toward recovery and healing, which accomplishes the positive change in the individual members. This joint practice is sometimes referred to as "Community as Method" and is a cornerstone to the traditional TC model. Important underlying principles of a traditional TC are that all involved are encouraged to be curious about themselves, each other, and the staff. All members participate in:

- the management structure,
- psychological processes,
- the group process, the institution and
- everything else pertinent to events and relationships within the community.

This set of underlying principles is known as the 'culture of enquiry' -- an openness to questioning, so that understanding is owned by all and not seen solely to reside in professionals (Campling, 2001, pp. 365-366).

The systemic framework of the traditional TC highlights how the actions of one person within the community has a ripple effect on other members and that every member will experience the consequences of these actions – whether positive or negative.

Each community member has responsibilities and must accept that each person's actions affect others.

Slide 8

The Impact of HIPAA Laws

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Slide 9

The HIPAA privacy rules prevent the sharing of patient information (e.g., treatment goals) without his written authorization

- Given the change in demographics among the patients in state hospitals, many of these individuals will not be able to give informed consent to share their information with other patients in the therapeutic community
- Given the large percentage of cognitive and intellectual disabilities within this population, many of the patients require a peer mentor to encourage and motivate participation in their daily treatment regime (Element # 1: TC Perspective)
- The restrictions on sharing patient information in combination with large percentage of cognitive and intellectual disabilities may interfere with stratifying patients by levels of responsibility and clinical status (Element # 2: Hierarchy)
- The HIPAA prohibition on sharing patient information may undermine the use of patients as agents of change (Element #3: Patients as Therapists)
- The restrictions on sharing information may also impact the content and processes of the regularly scheduled community meetings (Element #5: Aspects of Program)

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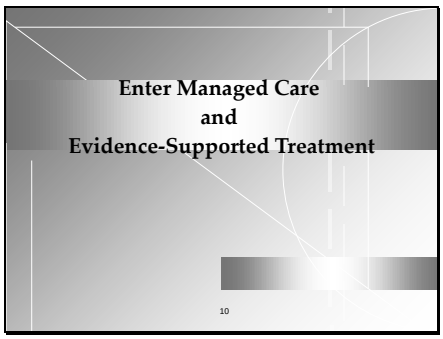

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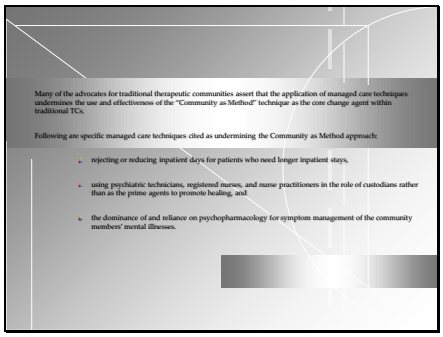

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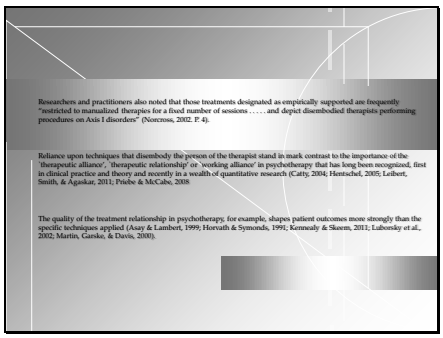

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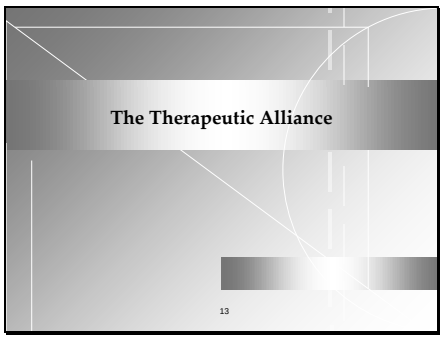

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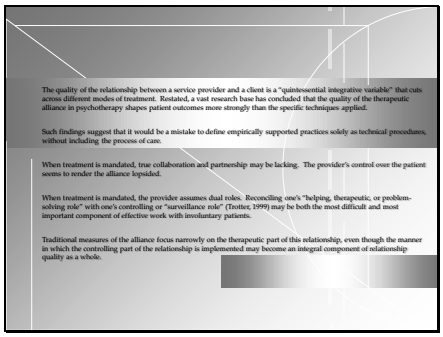

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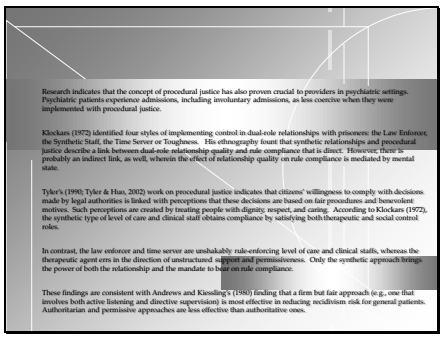


Slide 16

This darker style of implementing control is labeled Toughness and is characterized by a punitive orientation and expectations of independence and compliance, which bode poorly for relationships: It is associated with level of care and clinical staff confrontation within sessions, patient mistrust, treatment amotivation, and future rule noncompliance.

Angell and Mahoney (2007) found that limit setting in dual-role case management relationships introduced a parent–child-like dynamic into the relationship. Along these lines, the Toughness concept seems to capture an authoritarian supervisory style.

Research on parenting suggests that authoritarian parents are highly demanding and directive but (unlike authoritative parents) are not responsive to their children's needs. "They are obedience- and status-oriented, and expect their orders to be obeyed without explanation" (Baumrind, 1991, p. 52).

The Toughness concept emphasizes an indifference to patients' views and feelings, expectation of compliance, and punitiveness when expectations are not met. This darker side of dual-role relationships is consistent with Angell and Mahoney's (2007) qualitative finding that conflict and struggle over issues of power and control are an important negative aspect of treatment relationships.

The nature of the relationship is different in dual-role contexts than in strictly therapeutic ones: In mandated treatment, there is an emphasis on caring, fairness, trust, and an authoritative (not authoritarian) style.

Slide 17

The quality and effectiveness of each staff's dual-role relationship with patients is dependent on the consistent use of six therapeutic skills. These include:

- the use of reflection (statements that reflect content or meaning offered by the patient),
- providing affirmation (statements that complement the patient's efforts or characteristics),
- providing support (understanding, supportive, reassuring, or compassionate comment not captured by reflect or affirm),
- advising (giving advice, making a suggestion, or offering a possible action),
- providing direction (giving an order or command), and
- the ability to use confrontation (disagreeing, contradicting).

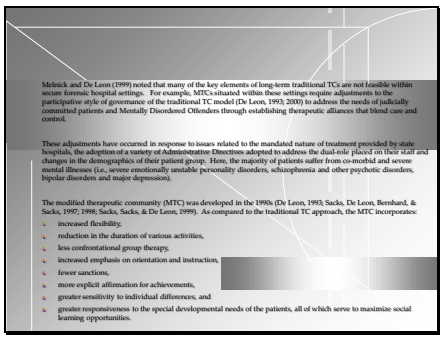
In alignment with the use of motivational interviewing techniques, staff must be alert for two forms of patient behavior:

- change talk (statements that indicate moving forward, in the direction of compliance with conditions) or
- resistance (statements that are inconsistent with or show movement away from compliance).

Slide 18

Modified Therapeutic Communities

Slide 19



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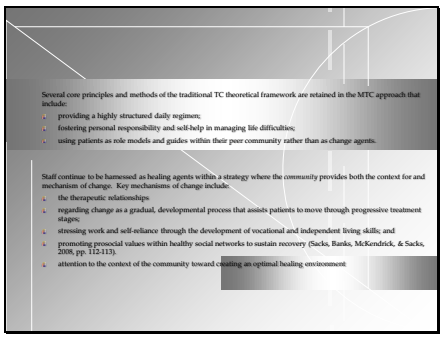

Slide 22

Jonas and Chez (2004) equate clinical manipulation of secure forensic therapeutic contexts with the creation of an optimal healing environment (OHE) where the social, psychological, spiritual, physical, and behavioral components of health care are oriented toward support and stimulation of healing and the achievement of wholeness. Their view links important aspects of therapeutic milieu with the framework from the optimal healing environment literature.

The optimal healing environment framework complements this expanded systemic approach to support patient-centered care, continuous healing relationships, safety as a system priority, and cooperation among clinicians within a holistic practice atmosphere (Mahoney, Palyo, Napier, & Giordano, 2009, p. 423).

The Samueli Institute, a nonprofit organization dedicated to research on healing, has developed a model that suggests that healing is the result of intention, personal wholeness, relationships, healthy lifestyle, collaborative medical care, healing organizations, and healing spaces." This inclusive view of what is needed for healing is not new.

But this view is beginning to change as health care organizations are becoming aware of the growing body of evidence that shows the benefits of a healing environment, and are incorporating ideas generated by such studies into new facilities.

Slide 23

Setting a New Stage for MTCs

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Slide 24

Resources

Return the therapeutic alliance as the center-piece of the MTC model

- Utilize all staff as agents of change
- Pair clinicians, nurses, and level of care staff to co-facilitate individual and group therapies
- Utilize the patients as role models and mentors rather than as agents of change

Work with administrative staff on re-writing ADs to allow "Ward Government" the ability to take on community responsibilities (e.g., oversee the HAS Level System)

Establish greater communication between the therapeutic community and CONREP toward discharge planning and re-integration into the larger community/society

Re-train the level of care staff on how to establish and maintain therapeutic relationships.

Pair clinical and level of care staff in providing group and individual therapies.

Redistribute the disciplinary functions to all of the unit staff.

Provide initial and ongoing training to all the unit staff and patients on the MTC model.

Initially, set up MTCs as specialized treatment units.