



TC Practitioner Competencies Framework

April 2014

Preface

Our core competencies have been developed for therapeutic community organisations as a guide to the knowledge and skills which TC staff members can develop over time and with experience. A manualised approach to care or treatment is incompatible with our philosophy and we therefore adopt a developmental model of staff training.

There can be no fixed blueprint for the therapeutic community worker to adhere to but rather within the context of their community a particular attitude of mind can be nurtured. These core competencies are designed to act as a resource and *aid memoire* in the process of staff development and training.

We believe that community itself has the potential to function therapeutically because the experience of belonging to a community and being valued by others - no matter how damaged a person might be - is reparative. In therapeutic community, rather focussing on the fulfilment of individuals, the emphasis is on the participation all its members - staff as well as clients. includes participating in the everyday running of the community and in reflecting on discussing and taking into account the unspoken, hidden or unconscious aspects group living. Each member's difficulties are seen as being open to improvement by drawing upon the total resources available to the community from all its members and the planned environment.

Working with clients in this way requires the TC worker to acknowledge and pursue their own development. This includes a specific range of therapeutic community approaches developing from within this tradition aligned to an increasingly sophisticated awareness of self in relation to others in group settings.

The acquisition of these competences is seen as a gradual process which can be continually enhance and engaged in at deeper levels.

Apart from being a resource for staff development and training the core competencies for TC Practitioners can help establish a mechanism for the transition of the community culture over times.

Andrew Collie (cited in Ward et al 2000, 234 -39) discusses the need for transmitting the culture of a therapeutic community, an importance process initially raised by Tom Main (1990). Collie draws upon a model of evolving competence which emerges through practice and the worker's openness to Here practitioners move from a learning. limited, novice-like awareness of their ability, known as unconscious incompetence, on a trajectory through several stages towards conscious competence (see below). model applies particularly well in group and community settings where there is a reliance on the interdependence of the members and where each practitioner's development will be unique to their own circumstances and characteristics.

In the model adopted by the Consortium of Therapeutic Communities however, stages three and four are reversed. After arriving at stage two where the practitioner becomes more aware of their true abilities and limits they move toward stage three by intuitive successes in which they may not be fully aware of why their practice has improved (although this is likely to reflect their introjecting aspects of the community culture). They finally arrive at a more conscious awareness of their competence which is the final stage but must be constantly worked for. Each new area of practice may require working through the stages again.

Dr Chris Nicholson - TCTC

4. unconscious competence 1. unconscious incompetence





3. conscious competence

2. conscious incompetence

TC Practitioner Competencies Framework

		COMPETENCY HEADING	DEFINITION - The TC Practitioner tries to
Role related Competencies	1	Understanding of role	 Better understand the boundaries of their role, the place this has within the wider organisation and the outcomes it is designed to achieve
	2	Understanding of client group	 Provide responses of understanding to the particularity of the client within the context of the community Shows developing insight into the clinical issues extent within the client group Relates to others as human beings not diagnoses/labels
	3	Clinical observation	 Able to accept 'not knowing' and allow time for understanding to emerge Capacity to observe behaviour / mood / interactions and notice the internal and external dynamics involved Capacity to formulate a hypothesis
	4	Capacity to acknowledge and use the boundaries of the TC	 Developing awareness and capacity to regulate boundaries Ability to share authority with all members of the community - 'dispersed authority' Capacity to own and use their own authority Recognises the significance of space and time and how therapeutic structures are established Creative / flexible use of TC structure
Organisational-Related Competencies Therapeutic practice-Related Competencies	5	Understanding of TC methodologies	 Shows a willingness to learn and engage with 'methods' Emotionally open within a 'culture of enquiry' Developing knowledge and understanding of psychodynamic ideas Desire to acquire both academic and experiential knowledge in a 'living-learning environment' Desire to be a part of a containing matrix of relationships and use the community to address and solve problems
	6	Communication skills	 Openness to both conscious and unconscious communication and recognises behaviours and affects are communication Communicates in a clear direct manner and actively listens and engages with others to further their understanding Can adapt the mode of communication appropriate to the audience Avoids telling others what to think but provides/creates opportunities for understanding to grow / develop / emerge
	7	Use of self	 Sensitivity - attuned and receptive - can takes things in Capacity to use one's interactions with others therapeutically Ability to monitor the thoughts and feelings evoked by others and link these to underlying issues of the client Genuineness - congruence - authenticity - not hiding behind professional status / role
	8	Capacity to work both reflectively and using reflexively	 Can think about one's one capacities and deficits in relation to the work Can work by continually being aware of one's responses to others and one's self Self-reflection /awareness - desire to know why one is drawn to this work Has self-knowledge - able to self-talk - adopt a third position
	9	Capacity to contain anxiety	 Ability to tolerate 'not knowing' An ability to tolerate stress and recognize personal limits Can notice and sustain feeling difficult feelings long enough to understand where they derive from and to take appropriate action Self-contained - can contain their own anxiety Owns their mistakes Capacity to retain ones one identity - strength of character
	10	Recognises importance of the environmental setting & external environment	 Uses 'daily living' as opportunities for learning - 'opportunity-led work' Acknowledges the symbolic nature of the environment Understands 'corrective emotional experience', primary care and therapeutic adaptation Political / social awareness - can challenge status quo
	11	Understanding of organisational dynamics	 Can understand and acknowledge issues of authority, power, leadership Can understand the varied reasons for organisational anxiety, the defences which operate to avoid this and one's own role in managing this Aware of own valancy - the tendency to take up a familiar role in a group context
	12	Participant observer	 Can observe self and others without being compelled to act before reflecting Can wait, think, talk with others before acting Capacity to learn from direct experience - capacity to explore and be vulnerable - not defensive / avoidant
	13	Recognises the primary task	 Boundaried - able to acknowledge one's own place in the organizational structure Clarity about one's role - engages directly in the key tasks defined in their job description