Training for democratic therapeutic community practitioners, and workers in therapeutic and enabling environments

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Abstract

Purpose – Training in therapeutic community and related approaches has not been widely available, and there is debate about the form this should take. This has had a negative impact on the field. The paper aims to discuss this issue.

Design/methodology/approach – The authors consider the history of training in democratic therapeutic community methods in the UK in particular, and trace some of the reasons for its lack of development.

Findings – With the expansion of TC methodology into new areas, such as therapeutic and enabling environments, the ability to provide training in DTC approaches and techniques is increasingly important. The developing evidence base, and the increasing detail in which the method has been described, make dedicated TC training increasingly important.

Originality/value – Training in therapeutic community methods, and enabling and therapeutic environment approaches, provides a grounding in technique and theory that would otherwise be impossible to acquire for most workers, and can lead to a general increase in the level of competence and confidence in the way these environments operate.

Keywords Education, TC history, Day settings, Groups, TC practice, Training

Therapeutic communities have been accused of resisting professionalisation. Jeff Roberts, writing in Kennard 1998 noted the need for courses that specifically equip people for work in a TC, and the lack of such a course at that time. Some consider formal courses to be an anathema to the “culture of enquiry”. This may have been mirrored in some community’s reluctance to develop patient and referrer information.

Formal trainings have been limited in number and scope. Between 1986 and 1989, the Association of Therapeutic Communities (ATC), in collaboration with the Royal College of Nursing, ran the “Certificate in Therapeutic Community Practice” course, which provided training in the theory and practice of DTC for practitioners. Since, then, there has been no dedicated training for clinicians in therapeutic communities for adults. The Cassel did, up until recently, run an MSc in Psychosocial nursing; however, TCs have been slow to ensure the kind of solid grounding in theory and technique that other psychological methods have long invested in.

The field of therapeutic childcare has been better provided for. Between 1990 and 2006, the University of Reading hosted an MA course, described in the book “Intuition is not enough” originally published in 1998 (McMahon and Ward, 2014). The course adhered to the “matching principle”, described in the book, which holds that the way an approach is taught should mirror the approach itself. Thus, each day of teaching began with an opening meeting of students and staff with a rotating chair, similarly a closing meeting at the end of the day followed by a reflective meeting for staff, and all aspects of the course were subject to joint decision making involving staff and students (course details, at www.reading.ac.uk/progspecs/pdf05/PFTTHCHLDM05. pdf accessed 19 March 18). Whether this approach is a help or a hindrance to the learning process has not been clarified. The course influenced later developments in the field,
including at the Mulberry Bush School, where living-learning experience workshops are still held, and Carlow College in Ireland where an MA in therapeutic childcare was established in 2004 and continues to run.

The neglect of training is perhaps similar to the comparative neglect of formal descriptions of the method, and the lack of manualisation. In the same way that a would-be TC practitioner had no course she could attend to learn the principles and approaches of the method, there was no manual she could consult with any questions she might have. The closest was Kennard’s 1979/1998 “Therapeutic Communities” referred to above (Kennard, 1998), but she would have not found detailed guidance on how TCs are constructed or conducted.

Alongside the lack of formal training opportunities and detailed descriptions of the method, democratic TCs have departed from the mainstream in the gathering of evidence (this has been less marked in the field of addictions TCs, in which there is a growing evidence base, sufficient to give rise to a Cochrane review (Smith et al., 2006)). Some residential healthcare TCs such as Henderson Hospital and Francis Dixon Lodge produced cohort studies and case series (Dolan et al., 1996, 1997; Davies and Campling, 2003). Limited attempts at controlled studies have been made; however, in a recent systematic review of quantitative research evaluating outcomes of therapeutic communities a dearth of high-quality data were found. The authors concluded that of the ten studies eligible for inclusion all were of “low methodological quality” (Capone et al., 2016).

These attempts at developing an evidence base have had to face cultural headwinds as the idea arose that experimental studies either could not, or perhaps should not, be performed (Pearce and Autrique, 2010). This was of particular concern in the prison service, and position papers were produced on the feasibility of running experimental outcome studies at prisons TCs like those at Grendon (Campbell, 2003). Some believe that this situation has contributed to the decline in residential TC provision, particularly in the health sphere (Pearce and Haigh, 2008), where evidence-based medicine has required a standard of proof of effectiveness not necessarily required in other contexts.

TCs have an anti-establishment history (Pearce and Haigh, 2017a, p. 17), which may have led some leaders in the field to underestimate the implications of such gaps. After all, the argument might go, TCs are not like other “techniques” which can be taught, described and measured (Pearce and Autrique, 2010). This approach may be implicated in the gradual decrease in publically funded TC provision; commissioners are interested in consistency and the demonstration of benefits. An approach which cannot be taught has not been adequately described, and whose benefits have not been accurately measured, is unlikely to attract sparse public funds.

Attempts at addressing these deficits are in play. A handbook of democratic therapeutic community treatment (Pearce and Haigh, 2017a) aims to do for DTCs what De Leon’s “The Therapeutic Community: Theory, model, and method” (De Leon, 2000) did for addictions TCs. The new handbook describes the method in detail, along with the underlying theories that explain its impact. Although it is based on TC practice with adults in a non-secure day setting, the principles of democratic TCs are applicable across contexts to make it appropriate for prisons, forensic units, children’s services and therapeutic childcare, and in the wider developments of TC practice in enabling environments (EE).

The problems implementing an experimental investigation of DTC treatment has long been debated (Jones, 2008). A randomised controlled trial of DTC treatment for adults with personality disorder has now been published (Pearce et al., 2017), which lays to rest any doubts about the feasibility of carrying out such a study, and demonstrates the effectiveness of the approach.

The method has, thus, been comprehensively described, and robust experimental evidence is available in the peer-reviewed literature. There is, however, still no current training for TC practitioners in the UK beyond the living-learning experience training that has been running since the 1980s (Lees et al., 2016; Rawlings, 2005), an experiential learning event that does not cover theoretical and practical aspects of the delivery of DTC treatment. To our knowledge, there is no DTC training course for working with adults of the kind described here anywhere.
In 2001, in acknowledgement of the need for a training for TC practitioners, the ATC training working group produced a report detailing requirements for ATC accreditation of training courses (McArdle et al., 2001). In 2014 ATC’s successor body, The Consortium for Therapeutic Communities, along with the Community of Communities, a quality improvement network of therapeutic communities mostly based in the UK, commissioned a TC practitioner competencies framework (Nicholson, 2014).

What should a course to train practitioners in therapeutic communities and therapeutic environments cover?

Training DTC practitioners poses some unique challenges. Training needs to include a number of elements to equip staff to work effectively in DTCs:

1. Personal development through experiential learning, which is available through the Living-Learning Experience trainings (L&L, 2017).

2. The theoretical basis, and the historical development, of the approach. The intellectual hinterland of DTCs extends far beyond Rapoport’s four principles and the work of Tom Main and Maxwell Jones.

3. The opportunity to practice skills and knowledge.

4. The opportunity to develop the unique “stance” of the TC practitioner, that of “being alongside” rather than “doing to”.

5. DTC practice supervised by experienced practitioners.

6. A view of DTCs that is not purely tied to the TC in which the practitioner works. Different TCs work in different ways and many practitioners will only work in one DTC in their working lives. A training course should provide views from a wide range of approaches and contexts which students can take back to their home TCs.

7. An opportunity to become familiar with DTC theory and practice for those who have not worked in a DTC before and may not be currently employed in one.

A new training for practitioners working in therapeutic communities and therapeutic environments

In 2018, a new initiative is being launched to provide a robust and modern training for staff working in all different types of therapeutic community, and in therapeutic environments more broadly. Its planning has involved The Consortium of Therapeutic Communities, the Community of Communities and EE projects at the Royal College of Psychiatrists Centre for Quality Improvement, The International Journal of Therapeutic Communities, Training and Vocational Initiatives in personality disorder and its group of experts by experience, the Support, Training and Recovery System, Growing Better Lives and its Living and Learning experiential workshops, and the Cassel Service.

The training will comprise the following elements:

- Basic and advanced theory modules, each in a three-day residential format.

Between the basic and advanced modules, trainees will undertake most of the other elements of training:

- Work experience with regular clinical supervision: three months full-time or equivalent part-time.

- Role plays TCs with feedback discussions.

- One-day visits to four other TCs or EEs.

- Experiential learning in a three-day residential transient TC/EE – a living-learning experience.

- A work-based project, in small groups, with presentations in the advanced theory module.
Then, after the advanced theory module:

- Two one-day specialist workshops, out of a range of at least four, including therapeutic childcare, forensic contexts, action methods, group analytic aspects and organisational approaches. These will provide tailored teaching for students wishing to use the training as a springboard for qualification level training with organisations, such as the Institute of Group Analysis, or for work in specific TC/EE environments such as therapeutic childcare or forensic settings.

The course will provide a total of 560 hours of structured learning, and can be completed with a minimum of 12 months and a maximum of 3 years between the basic and advanced theory modules. It will start in late 2018 or early 2019. In addition to therapeutic community “proper”, it will cover the theory and practice of wider applications of DTC theory, such as in EE, psychologically informed environments, psychologically informed planned environments and other settings where relational practice is used to therapeutic effect.

Summary

Two of the three cornerstones for the ongoing development of democratic therapeutic communities and related approaches, a detailed description of the method and an experimental evaluation, are now available. The third, a specialist training in TC and therapeutic environment practice delivered by experienced practitioners (TCEPT, 2017), is now necessary to enable DTCs to deliver consistent and effective interventions to support the practitioner in working with the local challenges they face. The wider application of the DTC approach (Pearce and Haigh 2017b) requires a workforce that is educated and experienced in delivering these principles. A training which meets the challenges of working in today’s world, whilst respecting the culture of enquiry, is essential for the survival of the DTC movement.

References


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