Joining a therapeutic community programme

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHORS Julia Coakes, PhD, BSc, is clinical psychologist; Matthew Miles DipN, RNMH, is clinical team leader; Katherine Lawson BSc, is assistant psychologist; all at The Retreat, York.


This study aimed to explore clients’ experiences of joining a residential therapeutic community. Semi-structured interviews were carried out with six residents, and the data analysed. The main themes in the assessment period were: fear and anxiety about being judged; things being different; challenges; and making a positive choice. The initial period after joining elicited experiences of: wanting to leave and choosing to stay; being alone in a group; hope; change; the experience being worth the distress; and feeling abandoned. The process of becoming a member of a therapeutic community is difficult and painful but necessary for therapy and recovery.

INTRODUCTION

This research took place within the Acorn Programme at The Retreat in York – a not-for-profit specialist mental health care provider that works with the NHS to provide services for people with complex and difficult needs.

The Acorn Programme is an 8 to 12-month inpatient and day-patient treatment programme for women with self-defeating behaviour. Residents are aged 18 or over, and up to 16 residents undertake the programme at any time. This group programme uses an integrative model of treatment that employs a combination of group and individual work, including dialectical behavioural therapy (DBT) and psychoanalytic therapies. Most residents have been diagnosed with borderline personality disorder or complex post-traumatic stress disorder.

When a resident joins the programme there is an initial assessment, then a two-week assessment period during which both the resident and community are asked to think about whether this programme is suitable treatment for the individual. The community then decides at the end of the two weeks whether this programme is likely to be helpful.

If commitment to the programme is questioned, the resident may be asked to complete a third assessment week. The resident is also asked for their decision on whether they want to stay.

A literature review was carried out for this study – for details see nursingtimes.net.

METHOD

Six participants were selected from current residents of the Acorn Programme at The Retreat. One resident dropped out during the interview process. The residents had been on the programme for between three and eight months and were aged 20–55. They were excluded if they were in crisis or had only recently joined the programme.

Semi-structured interviews were chosen as the method of data collection. We sought ethical approval for the study, and the hospital research and audit committee granted it subject to minor amendments.

The assistant psychologist obtained informed, written consent from participants. To help their data remain anonymous, participants were asked to choose a name under which their data could be presented to the team and the wider community.

All interviews were carried out by the assistant psychologist and were recorded and transcribed. Interpretative phenomenological analysis (IPA) was used to analyse the data and was applied to the five complete transcripts.

RESULTS

Themes relating to the assessment included:

- Fear and anxiety;
- Fear of judgement;
- Things being different from the usual;
- Challenges;
- Making a positive choice.

This period was one of intense emotions and had many links to participants’ past experiences of treatment and care.

The initial phase appeared to provoke the most anxiety. As the participants had often been rejected in their lives, it appeared this first step in joining a community tapped into their most basic fears and beliefs about themselves. One talked of feelings of ‘terror, absolute terror’ (Charlie B), while another admitted being ‘terrified of [the] meeting … because of past experiences …’ (Roo).

Fear of rejection and judging themselves as ‘not good enough’ was a common theme. Given that the women on the programme had often gone through traumatic, abusive experiences that sometimes involved a family member, it is unsurprising they feared being rejected by a place offering help.

Once residents’ anxieties started to diminish, the differences in the Acorn community may tap into early attachment experiences, which include rejection, judgement and abuse.

To further develop our understanding of clients’ experiences, it would be helpful to explore other key transitions, such as leaving and becoming a day patient.
Programme started to become evident. One of the main differences perceived was a sense of acceptance and working together as a community, in contrast to earlier fears of rejection. This difference was difficult and positive at the same time, and caused some participants to perceive overwhelming challenges and demands. This shows some ambivalence on the part of participants. They noticed a difference but it appeared to frighten them and they were not confident they could manage this new experience.

It appears that the final part of the assessment process involved participants having the space and support to make a positive choice. For some, it seemed to be particularly important as they had lacked opportunities to make such choices before.

This choice appears to be based on their optimism and hope about the possibility of the community helping them. The optimism after the assessment period changed over time, especially after making the decision to stay. This appeared to lead to more ambivalence, perhaps because residents began to fear change.

Starting as a member of the community

This section highlights themes relating to participants’ experiences after the initial assessment period. Those explored are:

- Choices: desire to leave and determination to stay;
- Being alone in a group;
- Hope;
- Change;
- Worth the distress;
- Feeling abandoned.

This seems to reflect the process of therapy itself, where first a choice is made about whether to begin and start trusting and building relationships (which is, at times, retracted), and then hope is instilled about change, which allows change to happen. Participants then notice that change does not come without a price and become more realistic about their goals and the work itself. Finally they realise they are alone again.

Hope was a common theme although, at times, it seemed slightly unrealistic. This could reflect ‘black and white’ thinking in this resident group: ‘I was also quite excited about coming...I remember I packed my bags two weeks before my date...it was hard explaining to my family’ (Whisky).

After participants allowed themselves to become part of the community, this seemed to facilitate change. They reflected that, during the initial time on the programme, they felt they had learnt new ways of coping but this was not as simple as being taught new skills. This seems to be a more naturalistic process in which new skills are assimilated through the environment and being with others. It was clear that change was not an easy process.

While participants were mostly positive about making choices, being hopeful and making changes, they were clear the initial period in therapy and assessment process had brought up many distressing issues. However, most reflected these experiences were a necessary part of treatment.

The final part of the process for some participants appeared to be a feeling of being abandoned, usually by their buddy in the community. This appears to be an area that needs improvement in the programme. While reaching a depressive position at the end of therapy would be acceptable, it seems that, for some people, this happens earlier than they are able to cope with.

**DISCUSSION**

This research showed that people joining a therapeutic community experienced a range of intense, and sometimes painful, emotions.

The limited literature in this area supports the themes in this study. Humphreys and Bree (2004) suggested the ‘crisis’ of joining would tap into early attachment experiences and this was commonly found in our study. Attachment experiences in residents often included rejection, judgement and abuse. This may relate to their intense fears and the perception of threat to their sense of self and increased risk of self-defeating behaviour, as well as their fears of being overwhelmed.

The main themes found during the initial assessment phase were: anxiety and fear; fear of judgement; things being different from the usual; being demanding; and making a positive choice. The next phase, in which the client slowly became a member of the community, elicited the following themes: choice regarding leaving and staying; being alone; hope; learning new skills; and the process being worth the distress. This was followed by reality hitting hard and, sometimes, going through the experience of being left.

**Study limitations**

The main limitation is that it may not be possible to generalise the findings to other services or settings. The Acorn Programme is the only one of its kind; however, there are other therapeutic communities throughout the UK that work with similar client groups.

A further limitation is the extreme nature of the residents’ problems when referred to the Acorn Programme. Being outside the NHS, residents need to obtain out-of-area funding to attend. Furthermore, as the therapy is delivered on an inpatient basis for up to one year, this can be an expensive treatment option and only the most severe cases are likely to receive such funding.

**CONCLUSION**

The process of becoming a member of a therapeutic community is difficult and painful but necessary for therapy and recovery. Exploring residents’ experiences can be an essential resource in facilitating a successful joining process. It is hoped this work adds to the limited knowledge and research in this area.

**REFERENCES**
