

NANAIMO CORRECTIONAL CENTRE



GUTHRIE HOUSE

Therapeutic Community

Overview

1. The first part of this presentation will speak to the history of substance abuse treatment at NCC.
2. The second part will define the concept of the Therapeutic Community model.
3. The third and final part will provide a description of the Guthrie TC model and future directions.

Guthrie House – a History 2001-2006

- 35-40 bed A & D Program
- Intensive programming
- Substance Free
- Mandatory random drug screening
- Focus on successful community re-entry

Original Guthrie Intake Requirements

- Have participated in the Substance Abuse Management (SAM) program
- Have expressed a desire to be clean and sober
- Have a willingness to sign a contractual agreement
- Provide a clean urinalysis prior to entry and randomly
- Have a willingness to actively participate in Institutional and Alcohol and Drug Programming
- Have demonstrated ability to function with minimal supervision
- Attend all house meetings

Guthrie House Therapeutic Community As an Enhanced Treatment Model

- January 2007 Guthrie House begins the transition to an intensive residential Community that focuses on holistic approach to long-term substance abuse recovery maintenance.
- The goal of TC is to transform one's behavior, in all areas of life, from dysfunctional to more functional forms.
- Treatment is seen as a process of experiential learning including direct confrontation of the individual's values, behaviors and attitudes; and
- It takes place in a highly defined community with firm boundaries and expectations

Phases of Therapeutic Community Treatment

-
- Phase 1 – Orientation, 2 to 4 weeks
- Phase 2 – Primary Treatment, 2 to 3 months
- Phase 3 – Pre-entry, minimally 30 days pre-release
- Phase 4 – Aftercare, variable time to 6 months

Minimum time to complete phases 1 to 3 is 120 days

Specific Treatment Modalities

- individual and group counseling,
- substance abuse education,
- relapse prevention, and
- cognitive-behavioral skill-building activities designed to address criminogenic risk factors (e.g., criminal thinking, poor decision making skills, anti-social attitudes, etc.).

Why are we following this model

- The decision was based on reviews of successful TC models
- TC's established in institutions in 50 countries
- Measurable and positive outcomes were demonstrated
- We are able to partner with other agencies to develop a continuum of care for mutual clients who cycle through our systems
- Resources were provided by the Corrections Branch and Partners; Vancouver Island Health Authority and Ministry of Employment and Income Assistance.
- Service delivery efficiencies are achieved
- Increased public safety and reduction of costs to government are expected

Research Supporting the Prison TC Model

Major evaluations of prison-based TC's have been conducted over the past several years. Two examples are:

- Delaware: Recidivism rate of 31% after three years, compared with 71% for similar inmates without treatment.
- Texas: Recidivism rate of 26%, compared with 52% for similar inmates who had no treatment

Additional Research Findings

- Reduced Substance use (50 – 70%)
- Employment Gains (40%)
- Improved Overall Health
- Reported Cumulative Savings to Government attributed to TC's range between \$3 to \$7 saved for every \$1 spent (US reporting)

Guthrie House TC Intake Criteria

- Substance abuse issues (moderate to severe)
- Motivated and receptive to make change
- Willingness to participate in all aspects of the Therapeutic Community
- Minimum 120 days to complete phases 1 – 3 of the program
- Med/High Risk/Needs (per CRNA/IRNA)
- No pattern of institutional violence
- Willingness to comply with house rules
- Use of medications as prescribed
- Abstain from drugs & alcohol, random urine testing
- Psychiatrically stable

Guthrie TC Overview

A typical TC day includes a structured day/week with, routines, schedules and order

- Community meetings, morning and evening
- Work time/school
- Groups of all kinds
- Recreational activities, and
- Individual assessments and case planning

Staffing Model

Corrections Staff

- 2 posts, 4&4, days and afternoons
- Business casual dress
- TC trained, regular and backfill

Contracted A & D staff

- Minimally 1 FTE on-site
- 7 days/week
- 2 full time A&D counsellors and admin support

Corrections Staff as Community Members

- They lead by example
- Model healthy behaviours
- Are Empathetic
- Have integrity
- Build good team relationships with colleagues
- They teach, inspire and problem solve
- They communicate effectively
- They are guides in the “community-as-method approach”

GUTHRIE HOUSE PHILOSOPHY

Developed by Residents

- We have made a commitment to change ourselves by creating a respectful, clean and sober environment, where we will heal our minds, bodies & spirits.
- We will grow through individual and community challenges, changing our behaviours, thoughts, attitudes and beliefs.
- We will succeed and take our rightful place in our communities.

How We Measure Progress

- Adherence to Core Elements
- Adherence to TC Standards
- Residents remain substance free
- High Level of Participation
- Demonstrated pride in personal care and community maintenance
- Staff engaging residents in supportive relationships
- Evaluative report on measurable outcomes

Evaluation

Evaluation will be based upon adherence to the 14 Core Components that are integral to the success of a TC.

1. Community Separateness
2. Community Environment
3. Community Activities
4. Staff as Community Members
5. Peers as Role Models
6. A Structured Day

Core Components (contd)

7. Stages of the Program and Phases of Treatment
8. Work as Therapy and Education
9. Instruction and Repetition of TC Concepts
10. Peer Encounter Groups
11. Awareness Training
12. Emotional Growth Training
13. Planned Duration of Treatment
14. Continuation of Recovery after TC Program Completion

Research

Research will be conducted on the Guthrie House Therapeutic Community pilot project commencing September/07 through September/09

A Peer Evaluation Review of the Guthrie TC is scheduled for the end of September 2007. This evaluation will measure our program compliance to the 14 basic components described as integral to program success.