



Coolmine Therapeutic Community.

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Presentation contents.

- Treatment Model.
- Improving outcomes and opportunities for clients.
- Harm Reduction.
- Client Forum and formal Client Participation Structures.



Treatment Model.

- CTC believes that everyone should have the opportunity to overcome addiction and lead a fulfilled and productive life.
- Range of services to empower people to end dependence on drugs and alcohol.

Treatment Model.

- Approach to rehabilitation has two key features
 - Abstinence as the most desirable and practical treatment outcome.
 - Community as Method.
- Teaching individuals to use the context of community life to learn about themselves over time.




Treatment Model.

- Bringing about behavioural change, instilling a sense of self respect and respect for the community as a whole.
- Emphasis on peer support within carefully structured programmes in residential and community settings.
- The power of the peer group is harnessed to effect change in one's attitude and in one's behaviour.



Evidence Based Practice. (EBP)

- Therapeutic community at its most effective when it is evolving. Should strive to adapt to the best of what works for clients and residents.
- There are specific interventions which have been evaluated and researched in many settings. E.g. Motivational Interviewing (MI), Cognitive Behavioural Therapy (CBT), the Community Reinforcement Approach (CRA) etc.



What works ? how to increase outcomes, general principles.

- Utilise and integrate evidence based interventions where compatible and complementary to traditional approaches.
- Remove barriers to accessing treatment and develop policies to prevent drop out from rehabilitation programmes.
- Develop a therapeutic alliance with client group based on the principles of dignity and respect.



Improving outcomes, NIDA (1999) 'Principles of Drug Addiction Treatment'.

- Where possible develop multi-disciplinary teams and develop partnerships with other agencies.
- Start with the end in mind and mobilise the wider community to support change.
- Strive to be well organised, efficient and manage the organisation effectively and pay attention to the physical environment.



Achievements to date. (2005 to 2010)

- 1 Client Participation Structures.
- 2 Stabilisation Day Programme.
- 3 Introduced a measure of Detoxification into programmes.
- 4 Established childcare facilities in order to accommodate women with children.
- 5 Put in place cyclical training programme.

Achievements to date. (2005 to 2010)

6. Developing a multidisciplinary team and interagency approach.
- 7 Put in place a career guidance counselling service and developing our Community Employment and education service.
- 8 Shortening the length of stay to six months.
- 9 Establishment of five community/aftercare houses.
- 10 Refurbishment Programme.

Some highlight figures for 2009.

- Men's Residential worked with a total of 52 individuals.
- Women's Residential worked with a total of 28 individuals.
- Step down and aftercare facilities worked with 58 individuals, 35 in housing and 23 in community.
- Drug Free Day Programme worked with 32 individuals.
- Stabilisation Day Programme worked with 58 individuals.
- Family support provided to 33 family members.
- 392 assessments completed, 163 individuals.



Approach to Harm Reduction Abstinence Debate.

- Committed to abstinence as a treatment goal.
- This commitment is not an ideological criticism of harm reduction practice and policy.
- Abstinence one of the most effective forms of harm reduction.
- Accept the validity of other forms of harm reduction.



Client Participation Structures.

- Role of coordinator.
- Weekly meetings.
- Six weekly forum.
- Advisory Group and Management Meetings.
- Graduations and Support.

Client Participation Structures.

- Engagement with other services programmes.
- Attending conferences.
- Achievements to date.
- Issues which arise and difficulties experienced.
- Future plans.