

Confidential

# "Living —Learning Experience"

Research Report on the ATC  
experiential learning weekend  
workshop held on 7-9<sup>th</sup> May 2004

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Final draft: August 2004

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## Executive Summary

1. This report offers a description and an evaluation of the ATC weekend workshop held on May 7-9 2004.
2. The aim of the workshop was to give the participants an experience of being a resident in a TC, on the grounds that this will help them to become more effective staff members in their own TCs.
3. The aims of the report were to provide a description and an evaluation of the workshop.
4. The report is based on a participant observation study conducted by a researcher with knowledge of therapeutic communities. The researcher observed and engaged in as many workshop activities as was possible. Fieldnotes were recorded on tape and later typed up. The notes were examined, analysed and written up shortly after the event.
5. There were five members of staff, two men and three women. All were experienced in therapeutic community work. Of these, four had long experience of staffing the workshop and one, who had previously attended a workshop as a resident, was taking on the staff role for the first time.
6. There were sixteen participants, six men and ten women, from a total of nine TC organisations. The participants included therapists, support workers, nurses, counsellors, a psychologist, a psychiatrist and a gardener, and they had worked in TCs for varying lengths of time.
7. The staff arrived the day before the workshop began in order to buy food, organise furniture, plan the workshop and prepare the first lunch. They began from the start to organise themselves collectively, and this allowed the sense of therapeutic community to develop before the participants arrived.
8. The TC was organised through the use of an established daily timetable which consisted of a series of community meetings, small groups, activity groups, work groups and social time. This timetable was made available to participants before the workshop began.
9. The staff made many of the preliminary decisions — such as choosing recipes and buying food. They also provided mechanisms for making decisions, such as a means of choosing the chair of each community meeting, choosing bedrooms and choosing small groups. This had the effect of producing a fairly robust organisation which the residents then 'joined'.
10. Community meetings were held at the start and end of each day. They consisted of a pre-set agenda of business items and a long period of unstructured talk. Gradually over the three days the talk became less about business and more about feelings. A mechanism for choosing a meeting chair allowed people to take turns in this role.
11. There were three small groups, two with one man and one women therapist and one with a single woman therapist. Overall, each group met four times for an hour and a half for therapy. A further one and

a half hour small group session was used for a work group and devoted to cooking. Each group also washed up once, and helped to prepare and clear up the final meal. The small group attended by the researcher was noticeably more intimate than the large group, and many personal issues to do with family, childhood and life decisions were discussed.

12. The meetings were largely managed by the participants rather than the staff, as would be the case in an established TC.
13. The programme included two activity sessions and social time. These enabled participants to mix and work with people outside their small groups. The participants elected to keep activities as communal as possible, and organised these activities in the community meetings.
14. The evaluation section of the report addresses two questions:
  - (i) Did the weekend achieve its stated aim of giving the participants an experience of being a resident in a TC?
  - (ii) Did the weekend provide a recognisable experiential learning programme?
15. The Service Standards for Therapeutic Communities laid down by the Community of Communities were used to trigger evaluative comments. This evaluation concludes that overall the workshop did provide an authentic therapeutic community experience for participants, but notes that there were no sessions formally designated to reflect on TC process (such as aftergroups).
16. Using some theoretical input from the field of experiential learning, the report notes that there were no sessions formally designated to draw learning points out about the TC experience, which participants might use to relate their experiences to their own TC.
17. The report thus draws a distinction between the work of reflecting on TC process and the work of reflecting on learning, and notes that neither were systematically provided for.
18. The report also notes the great similarity between TC processes and experiential learning theory.
19. The report recommends:
  - (i) That since overall this was a successful event, things should mainly stay as they are since the workshop clearly works.
  - (ii) That it would be useful to include some induction for new staff.
  - (iii) The staff review the pre-course literature.
  - (iv) The staff consider the creation of a complaints policy.
  - (v) That staff consider whether and how they might want to build in reflection time, both for reviewing TC processes and for reviewing learning points. However, the report does not go so far as to recommend these changes, since they may be inappropriate given the short and intensive nature of the workshop.
  - (vi) There is a need for more systematic evaluative feedback from participants.
  - (vii) The pre-course administration needs to be more efficient.

## Report on the ATC Weekend Workshop

### 1. Introduction

Twice a year the Association of Therapeutic Communities runs a short residential workshop for people who work in therapeutic communities. For three days the workshop trainers take on the role of therapeutic community staff members, and the participants become the residents. Each day is time-tabled with a succession of community meetings and small groups, interspersed with social time and community activities. Each small group takes a turn at cooking a meal and washing up. The workshop takes place in a large, comfortable country house which provides enough bedrooms and meeting rooms to house the community, and some isolation from the world outside.

This report offers a description of one of these three-day workshops which took place on 7-9 May 2004. It is written by an outside researcher who was invited to the weekend and allowed to join in with all the activities.

### 2. Aim of the workshop

The aim is to give the participants an experience of being a resident in a TC, on the grounds that this will help them to become more effective staff members in their own TCs.

### 3. Aims of the study

3.1 To provide a description of the weekend, so that anyone reading it could gain some understanding of what the weekend involves and why things are done the way they are.

3.2 To offer some evaluation of the weekend. This part of the report will examine the stated aims of the staff members who ran the workshop, and assess how much these were realised.

### 4. Methodology

The researcher adopted an ethnographic approach to the workshop, aiming to become as immersed in the culture and activities as possible. This involved joining the staff team on the day before the workshop began to become part of the setting-up work, and then joining in with as many activities as possible whilst the workshop was running. Participants had been informed by letter that a researcher would be present, and were given opportunities to discuss the research and the research role during the workshop. The researcher joined one of the small groups, and attended staff meetings on Day One and Day Three. She stayed out of staff meetings on Day Two in order to capture more of the residents' experience. Data was recorded by the researcher going to her room at regular intervals and dictating observations into a tape-recorder.

After the workshop, the dictated notes were typed up, and expanded to include details which there had not been time to record during the fairly hectic days of observation. These notes were then examined for issues and themes to draw out in the report. These issues and themes were topics which had surfaced either during the workshop itself or during the typing up of the observations, and which looked important to explore or useful for organising the description.

Documents were also examined. These included the workshop literature and the participants' application forms. The literature added a little to the information about the aims of the workshop, and the application forms provided some information about the participants as well as an indication of participants' expectations of the workshop.

The report was written shortly after the workshop finished and does not contain any follow-up information. However, there is an intention to conduct a telephone survey of workshop members at three-month follow-up, which will be a separate project.

What follows is a description of the weekend, firstly a chronological description and then a more detailed description of some of the activities. In some respects it is a little sparse, since fuller description of the incidents could compromise the anonymity promised to participants. In order to provide some evaluation of the weekend, and to assist the staff and the ATC when they discuss and review the programme, one section will examine the weekend in the light of the stated aims of the workshop.

From here on the report will be written in the first person. This seems the most appropriate style given the researcher's immersion in the workshop.

##### 5. The workshop staff

The staff consisted of three women and two men. All were experienced therapeutic community therapists, who also held various qualifications in individual and group psychotherapy. Four of these had worked on the workshop many times before, and had been instrumental in developing it to its current design. One person had attended an earlier workshop as a participant several years earlier, and was now returning for the first time as a member of staff. All either currently worked, or had worked, as senior staff members in different therapeutic communities, and all knew each other fairly well as they regularly attend the same ATC meetings and other TC activities. Although their expenses are paid, all staff members work on this workshop in a voluntary capacity.

##### 6. The workshop participants

There were 16 participants, six men and ten women, mainly in their twenties and thirties. Altogether nine organisations were represented:

two organisations had sent three people, three organisations had sent two, and there were four singleton placements. All the participants worked in therapeutic communities. These included adult personality disorder TCs, TCs for young people, two prisons and one special hospital. The participants varied with respect to their job titles, and included therapists, support workers, nurses, counsellors, a psychologist, a psychiatrist and a gardener. They also varied in terms of how much knowledge and experience they had of TCs, some having worked in TCs for years, and others having just started.

Apart from the people who had undergone counsellor training, most said that they had never before attended a workshop like this one. When asked what they hoped to get from the workshop, one did not fill in the answer, three said they did not know as they had no information on the workshop, four wanted to gain more insight into TCs and eight hoped to find out what it felt like to be a resident in a TC. Several participants added that they hoped this experience would help them understand their own residents better when they got back to work.

Although at first glance this was a fairly homogenous group, in that everyone worked in a TC. However, there were differences between the type of TC participants came from, between the length of time people had worked in them, and between people's work roles.

Since the participants were attending this workshop in the capacity of TC residents, they will hereafter be referred to as residents as well as participants.

## 7. Outline of the workshop.

### PREPARATIONS

For the staff, and for me, the workshop began with a shopping expedition for food at Sainsburys in Sevenoaks. Food for twenty two people for three days was needed, and this included ingredients for two evening meals and three lunches. One member of the staff had chosen recipes for three main meals, which would be collectively produced by each small group in turn, and had translated these into a list and quantities of ingredients. The staff and I each took a piece of the list and searched the supermarket for the specified items, ending up with six trolley-loads of food and drink, which were piled into a taxi and transported to the venue. Under the direction of the experienced staff, the food was put away in fridges, freezers and cupboards. The staff then toured the house and chose a bedroom each. This tour, although

done for the benefit of the new people, was carried out by everybody, and presaged a similar tour for the residents on the following day.

The staff then held a planning meeting in the large community room and decided how the five of them would split up between the three small therapy groups. Two small groups would have one man and one woman as therapists, and one group would have a single woman. After some discussion over the different ways I might observe the small groups (Should I go in? Should I stay out? Should I join different groups at different times?) it was decided that the least intrusive way of observing the maximum activity would be to join one group for the entire workshop, and as one group had only one therapist, I joined that one. At this meeting the staff also decided, after much discussion and consideration, which therapists would work in which rooms. These rooms were felt to be very different from each other — one dark and wood panelled, one light and airy and one located in the stable block, about fifty yards away. The staff who had experience of the place had their own preferences and felt that the physical character of each room influenced the developing character of its group.

The meeting was followed by a further tour, this time of the stable block, a renovated building with kitchen, bedrooms and meeting room. The staff had learned that three residents were arriving early, and had booked rooms in the stable block for the night before the workshop began. They were concerned that they would meet the residents before the workshop began, and that this could set up some unwanted dynamics which could reverberate throughout the workshop. They felt therefore that it was essential the residents should stay away from the main house and look after themselves until the workshop began properly. In fact these residents had sorted out bed and breakfast for themselves, and did not appear until the workshop started, so the staff fears were unrealised.

In the evening the staff drove to a local pub for dinner, and discussed past workshops, past events and the history of the workshop and thought a little more about how I would actually work as the researcher. As I was hoping to get a feel of both what the staff do and what the residents do, I planned to go to some staff meetings but not all of them. As yet I had not decided which to attend.

Back at the house we held a further staff meeting. Usually this meeting would be used to discuss the participants, but because of hitches in the administration, the staff had information on only seven of the sixteen who had enrolled. There was some irritation about the administration problems, which were no one person's fault, but which had led to smaller numbers than usual (sixteen residents instead of twenty one) and to information being sent out at the last minute. We read the application forms which were available and one feedback sheet which

had been sent back after the last workshop. Completed feedback sheets are a rarity apparently, and this one caused some concern as it told of obstructive behaviour by residents on the last workshop which the staff felt they had not been fully aware of. There was some discussion of how to make sure the same thing did not happen this time.

#### DAY ONE: THE RESIDENTS ARRIVE

The next morning we held a meeting at 9.30, and created a list of things still to do. This included some more shopping, some furniture moving and making lunch. We allocated the tasks and most of us moved furniture — setting up circles of chairs in the group rooms — then met up in the kitchen to prepare the lunch, a selection of pizzas and salads with bread and fruit. As we did this the first participants began to arrive, and these were greeted and shown where to get tea and coffee and biscuits. As the staff finished the meal preparations, they moved away to talk to the residents, and at 12.30 a brief meeting was held, chaired by one of the staff, to welcome people. People briefly introduced themselves with a 'name round', and then the entire community, staff and residents, moved en bloc to carry out a tour of the house and stable block. Coloured stickers had been placed on the doors of all the available bedrooms, and once the tour was completed the residents were invited to choose a room by taking the sticker off the door.

'At this stage most people didn't know most other people, and everyone was being polite. We moved around the buildings peering into bedrooms and commenting on the environment.... Perhaps this tour was a little fraught since most of the participants were presumably thinking about what rooms they were going to choose, and their attention would not have been entirely disinterested.'  
(Fjeldnotes)

Lunch was eaten at three tables in the large kitchen, with staff and residents beginning to mix with one another. Two latecomers arrived bringing the total number of residents up to the anticipated sixteen. After lunch, residents were left to wash up, (and thus begin to familiarise themselves with the kitchen and collective activity,) whilst the staff withdrew for a staff meeting. Here, the staff read through the forms people had filled in on arrival (in the absence of the completed application forms, a makeshift hand-written list had been generated and completed by the residents during lunch. This gave information on where people were from, what their job was and what they hoped to get out of the workshop). The staff also used this time to think through the community meeting ahead and divide up the agenda items between them.

### COMMUNITY MEETING 1: 1.45 — 2.45pm

The first community meeting was chaired by a member of staff. He explained that all the agendas for every community meeting to come had been pre-written, typed out and placed in a binder. From henceforth this binder would be placed on a chair before people arrived, and whoever ended up sitting next to it would act as chair for that meeting.

This first meeting concentrated on giving out practical information about the weekend, sorting out who was going to go in which small group, and deciding when each group would take a turn at cooking and washing up. A cushion-throwing game provided a light-hearted means of learning everybody's names, and there were discussions about confidentiality and alcohol consumption. I explained that I was a researcher and described what I intended to do over the weekend.

The meeting lasted one hour, as time-tabled, and afterwards the staff held a brief staff meeting.

### SMALL GROUPS 1: 3.00 — 4.30pm

I joined the staff member and five residents, two men and three women, in the meeting room in the stable block, where four large sofas had been pulled into a square to accommodate us. The staff member suggested we introduce ourselves and say where we worked, and for half an hour or so the group discussed work and asked each other questions about their different work settings. Then the talk widened out, and people began to talk about their own lives. Gradually one or two people realised they already knew something about other group members (the world of therapeutic communities being small enough for this not to be remarkable) and discussion about their childhood families threw up a number of similarities about family structures and dynamics. The talk encompassed childhood experiences, here-and-now incidents (eg: how people felt about what was being said) and reflections on the experience so far.

'The group was quite slow and quite friendly. Everybody was joining in and paying attention. Then we had a break for 30 mins — not long — very rushed for the staff.' (Fieldnotes 07/05/04)

Whilst the residents had a break, I went into the staff meeting, where the therapists briefly described what had happened in their groups. I learned that the other two groups had had a more fiery beginning than ours, and the therapists discussed why this was and what they would try to do in the next session. Whilst two of the small groups were going to reconvene for more group therapy after the break, the other was due to cook the evening meal. For the next three small group sessions, one group would be taking their turn at cooking.

#### SMALL GROUPS 2: 5.00 — 6.30 pm

This began with a long pause followed by a discussion about people's families, particularly difficulties with parents. In a further discussion about how people chose which group to join, it was suggested that whilst the other groups each had a mother and a father, this only had a mother and was a single-parent group. During this, as in the other small groups, people gradually divulged more and more information about themselves and their families, often with the help of illustrations from their own histories. Several times people said that they were already aware of their own issues, as several had been in therapy themselves.

At the staff meeting which followed, we learned that the other groups had both gone rather differently than the therapists had expected. In both there had been less conflict. The small therapy group had focused from the start on family problems, whilst the cooking group had concentrated on preparing the meal together. It seemed now that all three groups were working positively and had begun to forge their own identities, separate from the full community.

#### COMMUNITY MEETING 2: 6.45 — 7.15pm

As intended, this was chaired by one of the residents. The talk was mainly concerned with what people were going to do after dinner. Although the evening was not scheduled as community time, people nevertheless wanted to stick together and do things together, so an option for some people to watch a film was rejected, and instead the group decided to meet up in the community room after dinner and spend some social time together, with no fixed activity. There had been some talk about playing murder in the dark, but this, it was decided, would be saved for the following evening. A discussion about whether or not to lock the front doors ended with a majority decision to leave them unlocked so that people could get in and out from the stable-block to the main house as they wished.

In reflecting on the activities of the day, some of the residents said they felt that two small groups, one on top of the other, had been too much, especially after the long drive to get there, and that it would be better to have saved one until the next day. In contrast, members of the group which had been cooking said they had rather resented having to prepare food when everyone else was having a small group, and would have preferred to have been sitting in their group, talking.

The staff meeting which followed was enlivened with gin and tonic and dried salted nuts, evidently a tradition at the end of a day. The discussion was mainly about the community meeting, and about how individuals come to the weekend with assumptions that the way they do things at their own TC is the only right and proper way to do things, and find it difficult to even see other ways, let alone adopt them. The issue

of whether or not to give feedback on the small groups was used as an example here. In some TCs, especially those in prisons, lengthy feedback on small group discussions is part of the normal community meeting procedure, but in others no feedback is given at all. People from the different TCs seemed just unable to consider whether there was any merit in doing things a different way. This was not apparently unusual, and most ATC weekends throw up these differences of procedure and differences of opinion.

Dinner places were allocated in a way reminiscent of the stickers on the bedroom doors. Places had been laid at the tables, and people just picked up a plate from a place setting and stood in the queue for food. Then they would go back and sit at the place where their plate had come from. This allowed for either careful planning of whom to sit with or complete serendipity, and left the choice up to the individual. Interactions over this meal were noticeably easier than at lunch, as people were beginning to get to know one another.<sup>1</sup>

People drifted into the community room at about 9.00pm, and a game began which involved all present. One person held a drum and tapped out the rhythm of a song and the others tried to guess what the song was. As each song was guessed the drum was passed onto the next person. This carried on, with a lot of laughter, for some time. Conversations started up around the room and when I left a couple of hours later, the remaining people were engrossed in a lively game of snakes and ladders.

In my fieldnotes at the end of the first day I reflected on the development of a sense of community and made the following comment:

'Hard to know how the dynamics of the community and the groups are evolving, except to say that there are groups of people who seem to be getting on with each other and people are generally eager to throw themselves into things.'

On reflection though it can be seen that a number of essential TC routines had been established, including communal activity, collective decision-making and shared responsibility. The structure, timetable and procedures were now familiar and accepted (as with any established TC these had been handed over to the new residents ready made, and they had used them and learned them). By the end of the evening, people who had been polite strangers at lunch-time were mixing and talking

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The food, like all the food for the entire weekend, was plentiful. Whilst most people agreed it was all delicious, there were some reported grumbles from residents who, given more of a choice, would have chosen different food. Both this and the Saturday evening meal were accompanied by wine.

more easily. The earlier disorientation had given way to familiarity, as people began to work, eat and socialise together, and to acquire a competency in knowing their way around and knowing what was expected of them.

#### DAY TWO: SETTLING IN

In order to get to know the residents better, I decided to spend the whole of this day with them, and attend no staff meetings at all.

People came in and made their own breakfasts, and sat and ate together in the kitchen.

#### COMMUNITY MEETING THREE: 9.00 — 10.00AM

Most of this meeting was about making arrangements for what everyone was going to do today in the spare slots of time — about an hour and half in the morning, two and three quarter hours in the afternoon (marked on the timetable as community time) and the evening. Plans were made to go for walks, use the art materials and wander around the farmyard next door. At ten o'clock the chair call 'Time'. This has become the way to finish a community meeting.

I joined the group which looked around the farmyard and we explored the gardens, brickworks and converted barn. This was a very undemanding but sociable activity, and involved about eight people, staff and residents.

#### SMALL GROUPS THREE: 11.30-1.00 pm

The residents continued to divulge more and more about their families and themselves. There seemed to be a lot of personal information, which was heard and probed by the other members of the group. People spoke in particular about the nature of their relationships with family members, and about their own views about having children. Again, people found that they had experiences and views in common. There was also some fairly philosophical discussion about life in general and how people felt about their own lives. These discussions seemed to be on a deeper level than those of the day before because people were divulging more detailed information.

As with yesterday, lunch was eaten as a whole community in the kitchen. This lunch had been prepared by one of the small groups, and this time it was our small group's turn to clear up. This was achieved fairly efficiently, with some people washing up, some drying and some collecting things and putting them away. Whilst this was going on, a steady stream of people from other groups came in and made themselves tea and coffee, and chatted to us, so that the effect was one of general wide-spread sociability.

#### COMMUNITY TIME: 2.00 — 4.45 pm

For this session I joined the art work group, which had paints, pastels and clay at its disposal. The group took place in the kitchen of the stableblock, where about eight people sat round two tables and worked on their separate pieces. Although there was some talk, there was also a lot of silence as individuals concentrated on what they were doing. The session was quite long, and towards the end most of the participants elected to display their work to each other and talk about it, so that the end of the group became a group discussion. Afterwards the pieces were set out as an exhibition for anyone who wanted to walk over to the stableblock and look at them.

#### SMALL GROUPS 5.00 — 6.30 pm

This was our group's turn to cook. We began by sitting at the kitchen table and looking through the chosen recipes. These included a main fish dish, and a vegetarian dish, vegetables, salads and a pudding. A stack of melons were to be used as starters. In this discussion group we discovered that no one wanted to take a lead role in any of the cooking and everyone would be quite happy to help someone else or just keep the place clean. However, we volunteered to take on the recipes, and shared them out so that two people were involved in preparing each dish. Since they were fairly challenging recipes, the process of putting them together involved a good deal of discussion and asking others for clarification, which meant that time was spent very focused on producing the dish, and very little time was spent talking about other things. Despite the complications of production, the food was almost ready by 6.45 (when the next community meeting was scheduled).

#### COMMUNITY MEETING 4: 6.45 — 7.15 pm

During this meeting, one or two people spoke about the changes which had happened for them as a result of coming to this workshop. It also transpired that some people had been sent on the workshop, and had not known what they were coming to. They had been told it was a training course. They had received not pre-course information and were understandably puzzled. One person asked 'What *is* the point of this weekend? What *are* we meant to be doing here?' It was explained that it was simply to give people an experience of being a resident in a TC "and nothing more profound than that". (Staff member)

After the community meeting, our small group went back to the kitchen and finished the meal preparations, and at 8.15 people sat down to eat.

In the evening, almost everyone played several games of Murder in the Dark, which involved candle-lit rooms, dark corners and screaming. Despite its macabre name, it's a very sociable game, and those who played — all the staff and most of the residents, became very involved with it and indeed by this point in time people generally seemed very involved with the entire weekend.

A comment from my fieldnotes is as follows:

'One or two people have said how much they have enjoyed this weekend and how good it has been for them, although they have not gone into details. We really don't talk about personal things that much except in small groups, though there has been no prohibition that I can recall on one-to-ones. We tend to talk about the house and the garden.... And talk about life outside and work.'

#### DAY THREE: LAST DAY

I decided to attend all staff meetings today. At the first staff meeting at 8.45 am some concern was raised about issues thought to be bubbling beneath the surface. Although this was the final day, it was only the third day of the programme, and so far most of it seemed to have gone smoothly. However, there were one or two issues which the staff were aware of, and which they hoped would surface this morning. One of these concerned two people who worked at the same place, and who seemed to have cut themselves off from the rest of the community. The other was a question over whether one of the residents, who had drunk a lot of alcohol the night before, would be fit to drive home later in the day.

#### COMMUNITY MEETING 5: 9.00— 10.00am

The meeting began with a discussion of how to organise lunch, as no groups had been allocated to tasks yet for the day. This was resolved by one group agreeing to prepare the meal, one to wash up and one to sweep and clean the floors downstairs.

The meeting began without the heavy drinker. After some discussion about whether he should be woken, or whether the meeting should go to him, or whether he should be left, two people agreed to go and call him. One of the staff framed the issue in terms of risk management — this was not just about missing a community meeting: the community needed to be assured he would not drive if he was still drunk, and put lives at risk. Eventually the latecomer appeared and the issue was discussed with him.

One member of staff said she had been angered by the way the clearing up group had begun washing up halfway through the meal the night before, and that she had felt this was disruptive of the meal, and lacking in respect for the amount of effort that had gone into creating it. This was probably the first time a serious confrontation had occurred in the large group, and it was followed by an argument about clearing up, and a staff comment that there was a lot of conflict that was not being talked about. There was a change in people's contributions after this point.

Whereas up until now people had been speaking positively about their experience of the weekend and looking forward to the rest of it, now one or two people became critical, and one said she would really rather leave now than have to stay until 3.30. The discussion became heated and was cut off abruptly by the Chair calling time.

In the staff meeting afterwards, the discussion was about how some masks had been dropped, and what this might mean for the small groups.

#### SMALL GROUP 5: 11.00-12.30pm

Although this began with residents agreeing how much they had enjoyed the weekend, it quickly changed. One resident felt that the behaviour of another resident in the group brought up real feelings about how he had been treated in his own family. He described incidents which had occurred during the cooking group, and this morning, which had rekindled resentment he felt against members of his own family. Others described incidents in which they had felt let down or dismissed by one member of the group. There was a discussion about the community meeting earlier, with some saying they had not enjoyed it because people had begun to talk about dark things, and others saying it felt better to have these dark things out in the open. One person described how deeply touched she had been by the thoughtful and caring behaviour of one member of the community, and how special that had been for her. The group ended with some people saying again how they had enjoyed being part of this group.

At the staff meeting, we learned that the issue discussed earlier concerning two members from the same organisation who had split themselves off had come to the fore in both groups. There was one person from the pair in each group. In one of these groups the resident concerned had been very critical about the weekend and the behaviour of other people. The staff said the group did not end on a good note, and there was no chance to say goodbye to everybody. Indeed it was possible this resident would elect to leave early, before the final community meeting. In the other group the person concerned had discussed the issue at length, and had seemed to become much more part of the group than previously.

Lunch had been prepared by one group using a mixture of designated items and leftovers. This was a quiet but friendly meal, with a number of engrossed conversations taking place. I heard one criticism of the way the community meeting was chaired, especially the way a speaker could be cut off in mid-sentence at the end. Our small group did the washing up — our last activity together.

At the staff meeting most of the discussion anticipated a difficult community meeting because of the feelings which had surfaced in one of the small groups earlier.

#### COMMUNITY MEETING 6: 2.30 — 3.15pm

As people walked into this meeting, they realised the binder containing the agenda had disappeared. One person volunteered to chair the meeting. One resident began by criticising the habit of cutting off a speaker in mid-sentence at the end of a meeting, and this opened up a series of arguments, during which one person walked out. Two people went to see how the person was, and later all three came back. As well as arguments, the meeting also featured several people saying how much they had got from the weekend, others saying they were sorry it should end on a bad note, and some talk about the research, and how it would be written up. A comment from the fieldnotes is as follows:

'We finished with some general chat about Murder in the Dark — people recalling as shared history the various devious strategies the murderers had employed to snare their victims — and with people saying how the time had gone quickly and how they would miss it all. Although the weekend was ending with some unresolved conflict, this did feel very much like a 'real' community meeting, with anger, and tears, and walking out and coming back.'  
(Fieldnotes: 09/05/04)

Afterwards the staff assembled, (like a guard of honour one said) to say goodbye to everybody as they left. Most people stopped, and put down their suitcases, and hugged various members of staff, and said again how much they had enjoyed the weekend. Some just said goodbye, and one or two left by a different door. One resident had decided to stay a bit longer, and spent some time walking around the garden after the others had left .

The staff collected tea and biscuits and held a last staff meeting in the large community room. They discussed the final community meeting, and the sudden emergence of the conflict and criticism which had surfaced on this final day. One person said she felt one of the residents had been trying to 'trash' the group.

Most of the discussion here was about how the weekend had gone, what the staff had done, how that had influenced things and what could be learned for next time. Certain minor changes were suggested to the programme, and a list made of equipment needed for the next workshop. There was a suggestion that in future new staff members could have a formal induction to the programme.

One overall comment was there had been a lack of boundaries over the weekend. This had shown itself in different ways — one person had misread the timetable and missed a staff meeting; a family staying in the bed and breakfast barn had several times walked through the private garden so that meetings had felt less secure; three residents had arrived early and now one had still not left; people had been unsure about start and finish times because the agendas had not been ready at the start of the programme. There had been other boundaries as well, notably the amount of alcohol drunk and people staying up very late. There was some discussion about how much the staff had been responsible for setting up these loose boundaries, or for not managing them. They seemed easier to spot in retrospect than at the time.

This was a long meeting, almost two hours. At the end, we moved the furniture back into its original places, gathered our cases and left.

#### 8. Creating the therapeutic community environment

The workshop only lasted for three days, and in that time the participants were expected to experience how it felt to be a resident in a TC. This required that a realistic therapeutic community be set up. This section considers what was done to establish the workshop as a therapeutic community, and considers how well this worked.

To begin with four of the staff were experienced in having run this 3-day workshop and in very quickly creating a TC. Their strategy was to do a lot of the design and planning themselves. Thus when the participants first arrived they were presented with the building, a method of allocating bedrooms, a programme and a timetable, a method of allocating the charring role, the routine of the tour round the buildings, a means of sharing out domestic tasks, all the recipes and food for the entire three days, small group leaders and a means of allocating people to groups. (An alternative approach, and one which fits in with a TC model, would have been to leave some or all of these things to the community, and to ask them how they wanted to do things or what they wanted to cook. Indeed, according to the staff, this approach had been tried before. The reason for the 'top down' approach was so that participants would get the sense of being in a working TC, which had existed before they arrived. As well, this was not meant to be a workshop about collective decision-making, but about the whole TC experience.)

The TC way of working was established before the residents arrived by the staff engaging in their own collective activities and decision-making. The shopping gave us all a chance to work together in a common task, and to experience the individual fear of doing it badly and sense of achievement in getting it finished. The collective tour of the buildings presaged the tour on which residents would be taken the following day

and also allowed the staff to claim the physical space for the weekend. Moving furniture, cooking the first lunch and sharing out tasks for the first community meeting brought the team further together and provided a blueprint for how things were to be done over the next few days.

'Most of the routine work of setting up the TC had been brought down to a series of lists (move furniture, set out cooking equipment), and these provided both reminders of what needed to be done and a structure for organising the time before the residents arrived. This structure enabled the new people to fall in with the work, and just do it. There was a sense of 'this is what we always do', but no clear sense of where all this structure and routine came from. For me, there was an unexpected feeling of joining a new and robust organisation, and learning about it as we went along.' (Fieldnotes)

There was no formal discussion of rules and procedures for the TC, or induction of new staff. This partly seems a surprising omission, and partly seems unsurprising. It is *surprising* in view of the fact that the staff came from different TCs, and thus could have become used to particular local practices which were specific to their own TCs. Although the new staff member had a lot of experience, this job would be like working in a different TC, learning a new culture, and discovering how much of one's own knowledge and practice could be carried over and how much of it would not apply here. Moreover, the workshop is run at six-month intervals and even the experienced staff might feel they could benefit from a discussion of this sort. It might be thought of as 'culture recreation'. In fairness though this was probably done quite adequately in informal ways, particularly over dinner on the first evening, when much of the talk was about previous workshops and previous incidents. This provided opportunities for staff to remember what these workshops were like and what kinds of things had happened and how they had dealt with them. Through the discussion of some vivid examples, the new people were able to grasp these understandings, and thus the team as a whole could begin to develop a shared understanding of what they were all going to do.

The lack of formal 'culture creation' is *unsurprising* in view of the fact that all five people were very experienced TC staff, and they knew the researcher to be knowledgeable on the subject. There were plenty of matters about the running of a TC which simply did not need to be said, since everyone could be expected to already know them. This would include description of what exactly it is a therapist should do in a TC. Everyone could assume everyone else knew that their job was not to provide one-to-one therapy but to facilitate the participants in challenging and supporting one another. This would not need to be said.

The creation of the TC was helped by the willingness of the participants to go along with the staff's wishes. Many of them had worked in TCs for some time and were familiar with the structure of large groups, small groups, communal activities and clear boundaries. Those who were new to it all, or who were unclear about the purpose of the workshop, may simply have gone along with everyone else, at least to start with. The sense of being in a TC was fairly firmly established by the end of the first community meeting, at which point everyone was following the timetable and knew when things were going to happen and what was to happen next. It probably took much longer for people to feel that they knew how to behave and what was expected of them in the different situations of large group and small group, and some people may never have felt entirely sure. However, the structure was established and was in place firmly enough to let people know at least *what* they should be doing if not *how* they should be doing it.

#### 9. Focus on group activities

The five main areas of activity in the workshop were community meetings, small groups, work groups, community time and social time. This section will explore these in more depth.

##### Community meetings

The method of choosing a chair for each meeting has been described. This method, in theory, would have given five different people an opportunity to experience the feelings of chairing a meeting (although in practice, one resident chaired the meeting twice). There was minimal explanation of what the community meeting chair should do, although the role was initially modelled by a member of staff. It was left up to people to carry out the role however they wanted to. It is likely that people's chairing styles were based on chairing they had seen in their own TC, and on chairing they saw in this workshop.

Although each community meeting had a prepared agenda, the issues this raised were often disposed of fairly quickly, and most of the talking in community meetings was unstructured. There were often silences, followed by people revisiting topics from the agenda, usually about plans for collective activities. The main difference between chairs was that whilst some maintained fairly tight control of the unstructured part of the meeting — suggesting ideas, asking people to contribute and organising votes, others sat back and let the conversations flow.

Most of the talk in these meetings, including the challenges to the resident described above, was from the residents, although from time to time the staff did join in. Two kinds of contribution could be discerned from the staff. The first could be labelled *facilitative*. Thus for example, in the fourth community meeting, held on the Saturday evening, one member of staff asked, after a lengthy pause: 'I wonder what it is here

that's not being said?' This was followed by another lengthy pause, and a brief discussion over whether things *were* not being said. The following day, after the argument about clearing up the meal, a staff member commented that there seemed to be 'a lot of conflict that was not being talked about'. This was followed by a spate of criticism and argument, bringing out, as people put it 'the darker side'.

The other kind of staff contribution can be labelled *participative*. These covered the kinds of comments which contributed to furthering the *content* of discussions and decisions. For example, during planning discussions in these community meetings the staff were fairly clear about when they wanted their small groups to cook, and the fact that they wanted to play murder in the dark. During the debate about whether to wake up the heavy drinker and bring him to the community meeting or let him sleep, one staff member framed the issue as one of collective risk management. He said he felt it was important that the resident should be brought to the meeting so that the issue could be discussed by the entire community. The facilitative contributions addressed the process of interactions whilst the participative contributions engaged with the content. It can be added that the staff did not dominate the talk and that by and large most contributions came from the residents.

The first community meeting was almost entirely about TO business — learning names, allocating tasks, making arrangements and sorting out membership of small groups. There was some discussion about how people felt, but only a little. By the end of the workshop, the time spent on business matters had diminished, and more time was being given over to challenges and discussions of feelings. The community meeting became a place where someone who did not arrive was fetched, where someone who walked out was followed and invited back and where real challenges to other community members were made.

Almost everyone arrived in time for the start of the meetings and the meeting would carry on until the designated finish time. It would be ended by the chair and most people would then leave. As time went on and people began to know each other better, the meeting became a more familiar place, and the routine of the entire community getting together to discuss issues as a group, became part of the normal expected routine of the day, and one which provided an anchor and a place to keep in touch with the rest of the membership and the current matters of concern.

Small groups.

The opportunity the large group gave to meet up with the whole community was particularly noticeable against the backdrop of the small group experience. Altogether, over a period of three days, everybody spent six hours sitting in their small groups, (and another two or three

hours cooking and cleaning up with their small group members). By the third day I certainly felt very much closer to every member of my small group than I did to anyone else on the workshop. I felt comfortable with them, and I was more likely to go and sit with them at dinner than with other people. Even the staff, whom I knew well in other circumstances, became more distant. Their experiences in their groups were not ones which I had shared, and I could only speculate about them second-hand and imagine how they had acted and what they had actually been said. Like the participants I wondered about the other groups. Were they different? Were they better? What was it like to work in the other rooms? With the other people? Did they say more than us? Less than us? Despite being a full participant for a whole day and eschewing the staff meetings, I felt there were participants I did not know and hardly had a chance to talk to. On the other hand I felt I could talk to anyone in my group whenever I wanted to, and that I had a reasonably good idea of what kind of person they were and how they felt about things generally.

It was noticeable that participants began early on to divulge personal information in the small group settings. Because there were only seven members of our group, and of these only five were residents, there was much more time for each person to talk and so much more could get said. The focus would stay mainly on one person for ten or twenty minutes, and then shift to someone else, and everyone could take a chance to ask questions or make comments. Some people spoke much more than others, and this was noted once or twice. In this small group (but not in all the groups) there seemed to be a fairly equal balance of need, so that no one person claimed the great majority of the time, and no one said they felt short-changed by having too little of the group attention. Often, one person would bring up a topic (say their relationship with their mother or their views about having children) and slowly the topic would move around the group, and everyone would contribute their own views or experiences.

Everyone in the group had prior experience of therapy. They had either undergone personal therapy or attended training courses which included therapeutic group experience. There was a wide age range, with about thirty years or so separating the youngest and oldest. This was not discussed in terms of how it might affect contributions to the group, but it did get discussed in terms of the life stages people were at and how that affected their future plans.

The first two groups, run close together on the afternoon of Day One, provided three hours of concentrated discussion. When the group reconvened on Day Two, the people and the room had become familiar, and the group slid into more discussions about their personal circumstances and divulged more than previously. By this time, the familiarity had increased, and a level of confidence had emerged which seemed to allow group members to make fairly forthright comments,

and to respond to these, without much risk of severing these friendly relations. To this extent, a level of trust had been built up, which did not exist in the large group, where people had not become so familiar with each other. This close bonding, contrasting with the greater distance in community meetings, seemed to be powerfully present, and one of the experiential lessons of the 'living-learning community'.

In general the discussions, the questions, answers and changes of topic were largely managed by the residents rather than the therapist. Occasionally the therapist would make a comment (eg: during the long opening silence, she said 'I notice that no one is making eye contact'). Such comments were directed at nobody in particular, and served usually to provoke some response from the group members. At times, when the group was focusing on one person, the therapist might also become involved in the questioning, or might refocus attention on the questioner. Whilst the therapist was partly working to manage the group and to see that everyone got some attention, and no one got treated badly, this job was by no means confined to her alone. Other group members too asked each other how they felt about something that had been said, or addressed a question at someone who had not spoken for some time.

Nevertheless, there was general agreement that everyone was trying to puzzle out what they were meant to be doing. People generally did not feel they knew how to talk or what to talk about in the small group, or how much to say about themselves or what they could expect to gain from it. It was all rather experimental in that respect, and people just talked in what they hoped was an appropriate way, and found out through trial and error whether it worked. By and large, all the talk was found to be acceptable, with one exception. This was when one member of the group talked about a member of the community who was not in the group, and began to speculate about that person's emotional state and reasons for action. One of the other group members asked why he was saying this about someone outside the group, and he and the others agreed we should only talk like that about ourselves.

Overall, the small groups gave all participants an opportunity to get some attention for themselves, and to talk about their personal issues. The experience of sharing this time and this talk together produced (for me at any rate) a greater closeness than could be found in the community meeting.

#### Work groups

As well as therapy, our small group also spent one session cooking and twice did the clearing up after meals. In TCs work groups are an important part of the therapeutic experience, perhaps most importantly because it is in joint activity that individuals' pathologies begin to emerge most clearly. It is possible to find virtually every action taken in

a work group to be indicative of an individual's general pattern of behaviour. Someone who is indecisive in life is indecisive in the kitchen. Someone who gets worked up about pressures in life, or who rarely pulls their weight, will show this in the way they contribute to a work group. Additionally, workgroups teach people skills and give people the realisation that they can do things they never thought they could. And finally, workgroups allow a real levelling of the hierarchy, since it enables residents and staff to work together truly as equals, and to appreciate different skills and aptitudes in each other.

The cooking group clearly displayed these attributes. Whilst there was less opportunity to make planning decisions than there might be in an established TC (the recipes had already been chosen and the ingredients already provided) there were still decisions to be made. We needed to work out how the seven of us, who had never cooked together before, were going to produce all these exotic dishes in a couple of hours. And we needed to trust that it was all going to work. Given that everyone disclaimed any competence in cooking at the start, this was a real act of faith. Once the decisions were made however, people just followed the instructions on the recipes, pausing only now and again to check that what they were doing was right. As the deadline approached, the atmosphere became more fraught, and in the end the meal was slightly delayed, but overall the group felt a great sense of achievement, and individuals said several times they would be more adventurous in their own cooking now they could see it was not as complicated as they had thought.

There was no formal meeting to discuss the interactions in the cooking group, such as an aftergroup, but issues were brought up in the following small group. For two or three members of the group, the experience of cooking, or simply being required to get a task done on time, had brought up feelings from their childhood and family lives, and this was opened up in discussions in the small group.

The cleaning up groups were less demanding, and just needed a willingness to get involved. It was noticeable in the work groups that the discussion was mainly about the practical activities we were pursuing, and not about anything 'deeper'. The cleaning groups though extended the knowledge that we could all work together and get a task completed, and reinforced the feeling that we were a team — that this was 'our group'.

#### Activity groups

This covers the 'community time' sections of the programme. I elected to spend one session wandering with a group around the farmyard and one doing artwork. Other people elected to go on longer walks. These activities offered chances to talk to others informally, and because we

could freely choose activities, we were not this time confined to people from our small group.

During the farmyard walk, people kept in groups of two and three and chatted as they walked. One of the staff members, familiar with the layout, guided us round the brickworks and took us into the converted barn. In the artwork group in the afternoon, conversations came and went. For long periods, people concentrated on what they were doing. At the end, when a number of us sat down and discussed our work, we tended to leave most of the talking to the artist concerned. I was aware that there was not much time to talk, and that I did not feel it was appropriate to go into depth about the clay model and picture I had produced. Moreover; there were people from other groups who did not know as much about me as the people from my group. Whilst it would have been possible for these art works to have been taken into our small group and discussed there, this did not happen. There was very little cross-fertilisation of activities, except when an occasional reference was made in one meeting to something that had- happened in another.

#### Social time

Almost the entire weekend was spent in the company of several others. The evening social times would begin with an activity which included (or could include) the entire community, and once this had tailed off, people would split into groups, or go off to bed. Whilst there was no insistence that the community should spend social time as a large group, the participants were enthusiastic in arranging collective events. These were organised in some detail in the community meetings, and thus everyone knew what had been planned and had an opportunity to become involved in the planning. The planned activities involved everybody, and although they did not generate deep conversation, it was easy to talk to anyone through the activity itself — making a joke or commenting on someone's performance. Although I may not in this way have got to know everybody well, it was certainly possible to feel that I was part of the larger group, and was accepted as part of it by others.

#### Summary

This section has described the five main types of group activity and explored how each , contributed to the TC experience. Overall, the variation in the activities and membership of these groups enabled people to get to know each other through different means and at different levels of intimacy, and provided them with repeated opportunities to explore their own personal issues and to experience community living.

## 10. Evaluation

The research comprised one researcher carrying out four days of participant observation and this evaluation section consists entirely of material collected at that time.

In order to address the core concerns of the training programme, the evaluation has two questions:

- (iii) Did the weekend achieve its stated aim of giving the participants an experience of being a resident in a TC?
- (iv) Did the weekend provide a recognisable experiential learning opportunity?

The first question is firmly located in the field of therapeutic communities which is very familiar to the trainers. The second is located in a different discourse. Experiential learning is a distinctive field with its own set of criteria, standards and processes, and provides a vantage point outside the familiar territory of therapeutic communities from which to view the weekend.

Before tackling these questions however, it is worth noting the particular character of this workshop. It was not an experiential learning event in the sense that situations were set up and people were asked to play roles and learn from these. Nor was it a weekend of sessions devoted to personal exploration, which is the way therapeutic workshops are often organised. The ATC workshop set up a situation (a TC) and asked the participants to come along as themselves, and talk and act as themselves, and find out from doing this how it felt for them to be a resident in a TC. Because it was intended to be a TC, the day-to-day running of the workshop, which in most training circumstances would be the responsibility of the trainers, was largely given over to the participants. Because it was intended to be a *residential* TC, the formal learning experience covered everything which happened during the workshop, twenty four hours a day, not just the things which happened during the programmed sessions.

The first question relates to the field of therapeutic communities:

**Did the weekend achieve its stated aim of giving the participants an experience of being a resident in a TC?**

*Thoughts about answering this question*

In order to answer this question, we have to decide whether the organisation which was built up over the short space of the workshop was indeed a TC, and thus capable of providing participants with an authentic TC experience. I have already discussed some of the features of a TC (large groups, small groups, collective decision-making etc).

These features however leave out many of the finer points of the TC, especially the moment-by-moment interactions which make up the individual's experience of the various groups. A broad way of approaching the question then could be 'were the kinds of things which were said and done during the weekend the kinds of things which ordinarily get said and done in a TC?'

To answer this question I looked at the Service Standards for Therapeutic Communities, which have been set by the Community of Communities, which is a network of therapeutic communities established to review practice and support improvements in quality of provision.

The Service Standards are the foundation of the annual review process and are agreed following consultation with therapeutic communities and a review of the current literature. Therapeutic communities evaluate their service in relation to meeting these standards. This process enables therapeutic communities to demonstrate the quality of their service, and to identify areas for improvement and development. The majority of these standards represent ideal practice and therefore no service is expected to meet every standard. (Tucker and Moffat 2004 p.2)

The standards were modified at the end of 2003, and at the time of the research, were being used for the 2004 cycle of therapeutic community reviews. It seemed appropriate therefore to use them to structure this evaluation of the transient TC created for the training weekend.

The standards are clustered under seven categories:

1. Environment and facilities
2. Staff members and training
3. Joining and leaving the community
4. Therapeutic milieu and process
5. Boundaries, containment, responsibilities and rights
6. Organisation, policy and procedures
7. External communication and research

Each section contains a number of detailed questions, which in an established TC would all be answered individually. Since this was a transient TC, and did not exist long enough for all the situations described in the checklist to be fully realised, I elected not to use the checklist fully, but to use each of the seven elements described above to organise some evaluative comments. These are as follows:

1. Environment and facilities

This standard was substantially met. There was a large community room, three separate and adequate group rooms, a large kitchen with a dining room, space for art therapy and plenty of bedrooms.

There was no public transport to the therapeutic community, and staff and residents either needed to arrive by car or taxi. Local facilities were located some distance away, and were accessed by car. However, in a three-day programme, these were not experienced as drawbacks.

## 2. Staff members and training

This is a difficult standard to assess, mainly because the workshop lasted such a short time, that many issues characteristic of TC dynamics did not have time to develop. The staff chosen to run the course were already highly trained and experienced in different psychotherapeutic methods, and in particular, in working in therapeutic communities. In addition, some had attended earlier ATC weekend courses as trainees. Although supervision and sensitivity meetings were not explicitly provided, the regular staff meetings, were used to air feelings and explore ideas about residents' behaviour and attitudes. Whilst the staff were fairly open about how they each felt they were doing, there was little focused discussion on the effect the participants might be having on them as individuals or as a team. There was some examination of roles and relationships (eg: the effect of having groups with different arrangements of 'parents') but this was not sustained. References were frequently made to TC and psychodynamic theories, but these were fleeting and not explained very fully.

This may have been partly due to lack of time and partly to the level of knowledge of the therapists, who could be expected to understand such inferences without explanation. However, because these kinds of issues were not addressed in any sustained or explicit way, it is difficult to assess the work of the staff team against the standards listed under criterion 12, e.g.: 12.8: 'Staff members demonstrate a knowledge of group dynamics that can impair effective team functioning, including dependence, idealisation, and 'them and us' splits.

There was no clear line-management structure, although there was a tacit recognition that the consultant psychiatrist was nominally in charge. The staff structure though was very flattened, with attention being paid more to shared decision-making than to lines of authority.

The standards refer to induction of new staff (13.1) and audit of staff skills (13.8). Neither of these were formally carried out, although some induction and skill issues were brought up in discussion on the evening before the residents arrived.

## 3. Joining and leaving the community

This standard was largely met. Much of it seems of less relevance to the weekend programme than it would to a permanent TC, as it focuses on admission criteria, recruitment procedures and liaison with other mental health and social care services.

Some comments can be made however, concerning literature and after-care. Whilst the written information sent out to potential residents and organisations does contain a list of aims and a brief description of the weekend, it could be improved. (The recommendation at the end of this report is that the staff review the written information rather than revise it, since they may have a good training reason for keeping it as it is.) Some of the comments from past participants may be a little dated now.

There was little consideration of aftercare, although the researcher understands that when a resident causes real concern, a member of staff will keep in touch with them or their organisation. The weekend provides an intensive experience, which may need unpicking and reflection on return to work. Moreover it is known that learning is more effective if it can be embedded into practice, and that one way of doing this is for the trainee's organisation to provide special supervision and debriefing for participants arriving back after the weekend. At present, the extent and quality of this depends on the organisations, and is not systematically encouraged by the ATC.

#### 4. Therapeutic milieu and process

This criterion was largely met. The structured daily programme of community meetings, small groups, work groups and informal time was evident and robust. There were many discussions in which members verbalised their thoughts and feelings, talked openly about past situations that had made them feel angry or of low self-worth and offered each other supportive—identifications, suggestions and positive feedback. During the final community meeting, there was evidence of a small number of residents giving feedback about the anti-social behaviour of other residents. There were however no clearly identifiable opportunities for discussions which would encourage participants to 'identify parallels between their relationships, behaviour and perceptions and similar situations within the community' (22.3). Although the residents did reflect on their experiences and even found parallels between these and experiences in their earlier lives, they were not particularly encouraged to do so. Those reflections which did emerge were spontaneous and hence rather patchy.

There were no explicit provisions for calling crisis meetings, although the researcher understands that these have been called in the past by staff. Whilst there is no contract or 'treatment plan' there was a questionnaire which participants were asked to complete. This included a question on what the participant hoped to achieve by attending the

weekend, and another on whether there were any issues relating to work which the participant wanted to explore. These questionnaires were scrutinised by the staff before the course began, and referred to at times during the course, and as such provided some means for individualised treatment.

#### 5. Boundaries, containment, responsibilities and rights

This standard was largely met. The staff themselves concluded that boundaries had not been kept well during the workshop, since three people arrived early, one left late and a family holidaying nearby came into the garden a few times. However, there were signs of well-kept boundaries as well.

By and large people arrived punctually for meetings, which then ended on time, and the structure of the programme itself was adhered to. When members of the community meeting became worried that one person might drive when unfit, the entire community worked together to sort out a solution with him, to manage the risk. These examples are evidence that both static and dynamic approaches to boundaries and containment were present and functioning.

All members of the community could question each other about their behaviour or about the programme (for example, lengthy debates about alcohol consumption and a staff concern that it should be limited). Problems were discussed before solutions were reached, especially in community meetings. Difficult topics were discussed (especially in the small groups). Managerial information was shared (for example, the problems with administration). Staff speculated in their own meetings about issues which were not being discussed openly, but were lurking under the surface and introduced these thoughts into the community meetings (and indeed the conflicts on Day Three surfaced after a staff intervention).

Section 33, which covers complaints procedures, bears some attention. As is set out in 33.1, complaints were dealt with in community and group meetings.

There was no explicit procedure outside this community solution though, and so complaints which staff or residents do not feel are properly dealt with in the community have nowhere else specified to go. This could lead to problems both for staff or for participants if complaints were to go outside of the community in an uncontrolled fashion and some kind of policy might be worth considering here.

#### 6. Organisation, policy and procedures

This standard was substantially met. Staff and residents shared the day-to-day running of the community, the community was managed democratically, there was space for discussion and reflection on community decisions, and everyone was responsible for maintaining a comfortable environment. That is, the essential processes of resident

responsibility for running the community were evident. Whether these issues were genuinely empowering or not is a topic for discussion. It is possible that decisions about how to spend the evening or whether to wake someone up are experienced as less important than the issues which can arise in established therapeutic communities, but the decisions were collective, and did affect everyone in the community. In this way the opportunity to experience the process and live with the outcome of collective management was made available to participants.

There were very few written policies and procedures, but this is understandable given that the TC was in effect a new organisation, and that policies and procedures would ordinarily in these circumstances be in the process of development. There was sufficient democratisation to allow for any policies and procedures which needed to be developed within the course to be created and agreed by the community as a whole.

#### 7. External communication and research

This standard was partially met. There was evidence that some organisations had not prepared participants fully for the weekend, and this may have been because training managers in these organisations were not themselves fully briefed about the nature of the course. There was also a lack of follow-up evidence from previous courses. Although follow-up questionnaires are sent out, these are rarely returned, and no special steps are taken to improve this response rate.

However, the ATC had commissioned the present piece of research. The intention is to use the findings as a basis for considering alterations and improvements to the course, as well as a basis for publications which should reach a wider audience than the ATC channels ordinarily aim for.

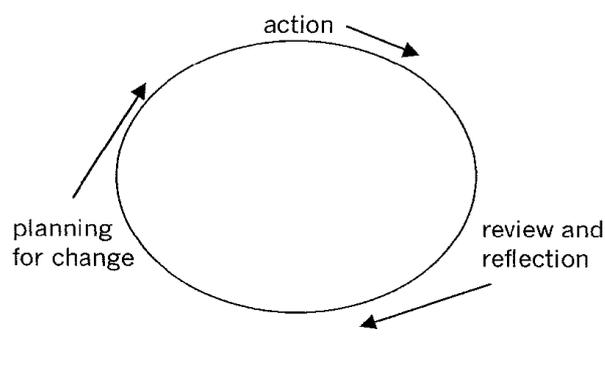
#### Conclusion

Overall then, the weekend, as measured by the Service Standards for Therapeutic Communities, provided participants with an authentic TC experience. There were some ways in which it unavoidably differed from an established TC. For example, there were no senior residents to hand the culture onto newer residents, and since the containment of the TC would only exist for three days, issues could not be pushed too far in case people were left exposed and unsupported at the end of the weekend. Nevertheless, the processes which emerged and continued throughout the workshop were recognisably those of the living-learning experience that is manifested in a TC, and thus the participants were able to have an experience of being a TC resident. In this way, the workshop achieved its aims.

The second question relates to the field of experiential learning:

Did the weekend provide a recognisable experiential learning opportunity?

Experiential learning is usually described as a cycle of action and reflection. During the action phase of learning, participants become involved in activities and during the reflection stage they examine how they carried out the activities to see what they can learn from this and whether they could make changes which would improve things. The training technique of role play is typically carried out in this way, as is action learning in the workplace, which involves staff coming together regularly in order to reflect with others on how they are doing their work. Thus a simple experiential learning cycle could be:



This describes how action, once carried out, is subject to review, how plans are made on the basis of findings from this review and how these plans are implemented in the next action phase. The process is continuous, and the cycle can be repeated as many times as is needed.

The process is described by Dennison and Kirk (1990) as 'do, review, learn, apply'. In adopting this description of the process, they emphasise how the *learning* part of the process comes about through the reflection on action, not merely through action itself. They advocate that the review part of the process is led by tutors, since this allows tutors to play some part in shaping the sense participants make of action, and to maintain some control of what is being said and done. It also ensures that reviews will actually take place, and that difficult issues will be addressed, since groups are notoriously bad at raising issues which might cause pain or upset to themselves and others (Boud and Walker 1993).

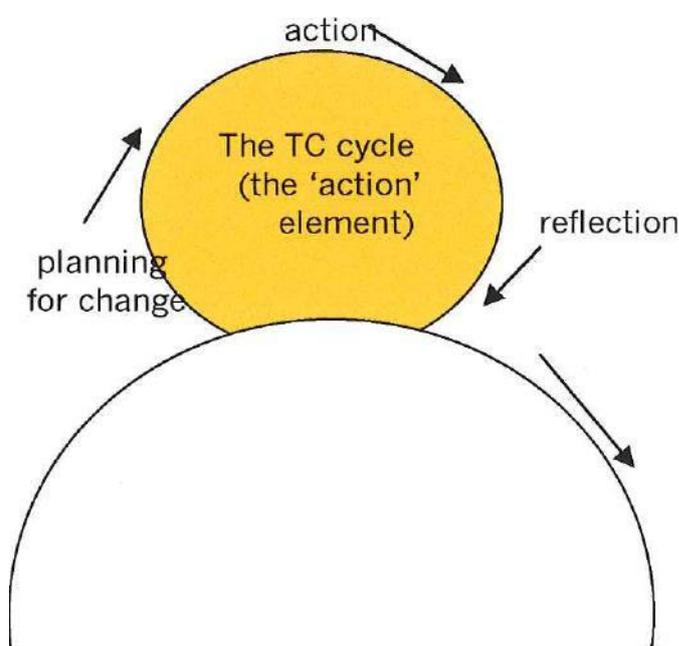
In assessing the workshop in terms of experiential learning then, it is notable that there were no sessions set aside for reviewing action as a *learning process*. There were no formally designated times for drawing

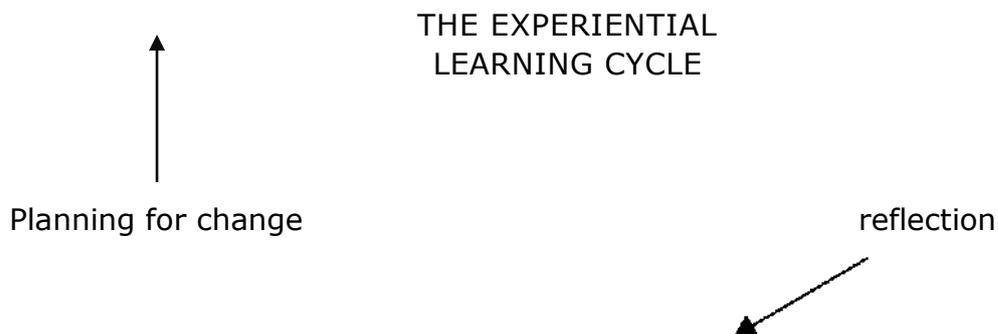
out people's experiences of what was happening now in the workshop, and relating these to what happens for residents in a TC. (People did comment on what they were learning and how it related to their own TC, but they were not required to do so; they brought the subject up themselves spontaneously.)

It should be added however that it is hard to see how formal sessions to explore this aspect of the learning could have been added to the weekend's activities without damaging the sense that this was a therapeutic community. Such sessions would have required 'time out' from the carefully wrought reality of the TC, and could very well have tipped the balance from authenticity over to artificiality.

The processes of the TC and of experiential learning

During the writing of this report, it has become clear that there are deep similarities between the TC 'living learning' process and the experiential learning cycle. Both TCs and experiential learning use action as a focus for learning. Indeed, living ordinarily in a therapeutic community can accurately be characterised as relatively straightforward experiential learning, in that residents come to a TC to learn about themselves and others and have plenty of opportunity to reflect on what they are learning. However, this workshop was set up to be slightly more complicated than that. Participants were involved in a straightforward TC experience, involving learning about themselves and others, *in order to learn more about TCs*. Whilst learning about oneself and others is an objective of a TC, it was not the primary objective of *this* TC. Such learning had to take place — at least for some - for this to be an authentic experience, but it was not the primary reason why people came to the workshop. Indeed, in terms of experiential learning, the TC element of the workshop, with all the action and discussion it involved, can be seen as the 'action' part of the workshop's experiential learning cycle. In ideal terms, a diagram for an experiential learning programme of this kind would look like this:





The diagram is an attempt to separate two learning cycles — the living learning TC cycle and the experiential learning cycle. In many ways this is a clumsy separation, since the learning experiences and the things being learned about overlap. However, it demonstrates the similarity between the two cycles, and the way they might ideally interact in this workshop. In practice however, the experiential learning cycle was absent, and (as has been noted in the TC evaluation above) formal sessions devoted to reflecting on TC experiences (such as aftergroups) were not included in the TC element of the workshop either. Both the living learning experience and the turning of that experience into useful TC training, relied on *ad hoc* reflections, which in turn relied on the willingness of the participants to voice them and the ability of the participants to make their own connections.<sup>2</sup>

#### 11. Conclusion of evaluation

This report has described a three-day experiential learning workshop run by the Association of Therapeutic Communities and aimed at giving participants an understanding of the experience of a TC resident. The description details how the TC was established, how the participants were introduced to it, how it was managed and how the daily programme was organised.

The final part of the report was an evaluation of the training. This found that the workshop succeeded in providing an authentic experience of a TC, and thus fulfilled its main stated aim. The main elements lacking in the structure of the TC were formal opportunities for residents to identify parallels between TC experiences and other parts of their lives to reflect on group process. Additionally, there was no formal

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The participants themselves made several comments about the things they had learned during the weekend. The disorientation at the beginning was noted. Several described feeling nervous and unsure when they first arrived, and said that this had been a surprise since they were used to TCs. There was some discussion that perhaps they expected too much of their own new residents when they first arrived, and that they needed longer to settle down and become accustomed to strange routines and rules before they could start working. Another said that her own residents often said that their small group was the best, and she had tended to disregard this, but now she really did feel her small group was the best.

opportunity for participants to examine their experience of the TC and relate this back to their own work place. The evaluation also found that it was difficult to assess the behind-the-scenes work of the staff team, as the staff did not explicitly address issues about the impact residents were having on the team. However, this may well have been due to the very short duration of the course and the recognised competence of the staff.

## 12. Recommendations

- (i) Overall, this was a successful event, in that a robust TC was established, capable of delivering the kind of experience which the pre-course literature promised. The main recommendation then is to keep things going as they are, since it clearly works.
- (ii) It would be useful to include some induction for new staff. This could take the form of a set of questions new staff might want to ask, and a timetabled discussion of these the day before the workshop starts. In particular it might be helpful to consider whether the role of staff member in this transient workshop for TC staff differs from that in an established TC for people with serious mental and emotional problems.
- (iii) The staff could usefully review the pre-course literature to see whether it provides sufficient information and whether the comments from previous participants should be updated.
- (iv) It may be worth considering the creation of complaints policy, which could be used formally by participants or staff who feel the need to take complaints outside the boundaries of the community.
- (v) This report is not going to recommend that reflection sessions should be built into the workshop. Overall the workshop worked well, and since the provision of a therapeutic community is a finely balanced matter any attempts to alter the balance which has been achieved needs very careful consideration. Furthermore, this evaluation has only looked at the process of one workshop, and does not include follow-up data which would give some help in understanding what the participants did and did not learn.

However, the lack of time formally given over to reflection needs to be carefully considered. There may after all be opportunities for building in reflection time. It may be possible to require the sponsoring organisations to provide supervision and debriefing aimed at enabling participants who have been through the workshop to examine and understand their experiences. Since the TC experience itself is of such a high quality, it seems

reasonable to recommend that participants are helped to make the best use and sense of it.

- (vi) There is a lack of follow-up information from participants. Although feedback forms are sent out, these are rarely completed and returned. The staff may want to consider other methods of collecting feedback for the purposes of monitoring the effectiveness of the workshop and making alterations to the programme.
- (vii) There were problems with the pre-course administration of this workshop, which resulted in some residents being unclear about the workshop purpose, and may also have resulted in the lower number of participants. This needs to be sorted out before the next workshop.

## Appendix 1: The aims of the workshop

The following information is sent with the application form for the workshop:

"This Workshop is for staff working within therapeutic communities, supportive organisations, rehabilitation or residential care settings, and for anyone who wishes to gain an understanding of the psychosocial dynamics of residential living.

You will:

- Have the opportunity to experience and participate in a temporary Therapeutic Community as a resident
- Have the opportunity to explore self in relation to others' cultural diversity
- Be involved in community meetings, small, large and work groups, and other activities designed to explore the experience of being a member of this short-lived community
- Meet with colleagues sharing your experience and concerns
- Enjoy the facilities and attractive location of Commonwork, a rural residential centre in Kent

## Appendix 2: the workshop programme.

Friday 7<sup>th</sup> May

11.00am	Arrival and registration
12.00pm	Welcome meeting, tour around the house and room al location
12.30pm	Lunch
1.30 — 1.45 pm	<i>staff meeting</i>
<b>1.45 — 2.45pm</b>	<b>Community Meeting 1</b>
2.45 — 3.00 pm	<i>staff meeting</i>
<b>3.00-4.30pm</b>	<b>Small Groups 1</b>
4.30-4.45pm	<i>staff meeting</i>
<b>5.00-6.30pm</b>	<b>Small Groups 2 (including cooking)</b>
6.30-6.45pm	<i>staff meeting</i>
<b>6.45-7.15pm</b>	<b>Community Meeting 2</b>
7.15-7.30pm	<i>staff meeting</i> Evening meal

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Saturday 8<sup>th</sup> May

8.45 — 9.00am	<i>staff meeting</i>
<b>9.00-10.00 am</b>	<b>Community Meeting 3</b>
10.00-10.15am	<i>staff meeting</i>
<b>10.15-11.15am</b>	<b>Community time</b>
11.15-11.30am	<i>staff meeting</i>
<b>11.30-1.00pm</b>	<b>Small Groups 3 (including cooking)</b>
1.00-1.15pm	<i>staff meeting</i> Lunch
<b>2.00-4.45pm</b>	<b>Community time</b>
4.45-5.00pm	<i>staff meeting</i>
<b>5.00-6.30pm</b>	<b>Small Groups 4 (including cooking)</b>
6.30-6.45pm	<i>staff meeting</i>
<b>6.45-7.15pm</b>	<b>Community Meeting 4</b>
7.15-7.30pm	<i>staff meeting</i> Evening meal

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Sunday 9<sup>th</sup> May

8.45 — 9.00am	<i>staff meeting</i>
<b>9.00-10.00 am</b>	<b>Community Meeting 5</b>
10.00-10.15am	<i>staff meeting</i>
<b>11.00-12.30pm</b>	<b>Small Groups 5</b>
12.30-12.45pm	<i>staff meeting</i> Lunch
2.15-2.30pm	<i>staff meeting</i>
<b>2.30-3.15pm</b>	<b>Community Meeting</b>
	<b>6 Depart</b>

## References

- Boud, D., and Walker, D., (1993) *Barriers to Reflection on Experience*. In Using Experience for Learning by D. Boud, R. Cohen and D. Walker (eds), Buckingham: Open University Press pp.73-86
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- Tucker, S. , and Moffat, J., (2004) *Service Standards for Therapeutic Communities*. Published by Community of Communities, Royal College of Psychiatrists Research Unit, 6<sup>th</sup> Floor, 83, Victoria Street, London, SW1H. [www.rcpsych.ac.uk/cru/](http://www.rcpsych.ac.uk/cru/)