April/Spring 2004

The Joint
Newsletter

of the Planned Environment Therapy Trust, the Charterhouse Group of Therapeutic Communities, and the Association of Therapeutic Communities, with the Community of Communities

Number 10

Why is love if love must go?

Why is love if love must go?
I say to love, I know, I know,
I know the pain I cannot see,
I sense the wounds that do not weep,
I know the sense of these runs deep;
Deeper than the mind can tell
Beyond the reach of any spell
Or few sure words or surgeon's knife
As a life out side of life,
As though a dream out side of sleep
Where shadows shape of things that creep
And echoes come where no sound was
And questions yield no clear because,
And all I think is soon unthought
And numbers fall into a nought.
So here the words she never said
Becomes a script forever read,
So here one touch that wasn't spent
Hangs over years that went or went…
And it is these who spoil love,
That from below and from above
Press with fists of anguish hurt
As if to squeeze from us the dirt
Of all the things we didn't do,
That were not me, that were not you.
We act surprising self and other
The actions of our father, mother.
Thus our lives are insect led,
The cycles of our heart and head
That we have lived and lived again
Drawn to re-experience pain,
Original to us, our truth,
The very self's confirming proof
Of who we are, that measures us,
But seems too deep to touch and thus
We ask of love why love must go
And answer that we know, we know,
It isn't love, it's simply what we are –
When need's so close that love is pushed so far.

DEADLINE FOR NEXT ISSUE THURSDAY JULY 4, 2004

the newsletter now arriving...

Even by our own British Rail standards (where a train is not counted statistically as late until it is very late), this issue of the Joint Newsletter is very very late, having been scheduled to appear in mid-April and not going to the printer until half-past May. The reasons are familiar: In addition to his full-time job as Assessment and Admissions Officer at Jacques Hall (see his article later in this issue), Chris Nicholson has been preparing the ground for a move to another job; Kevin Healy is taking on the responsibilities of the Chair of the ATC (which become fully his in September) while being Clinical Director of the Cassel Hospital and a human being; and while not necessarily being a human being, Craig Fees, who has done the lay-out and DTPing of the Newsletter since its inception, handed this over for issue 10 to Albert Lamb, specialist curator for the Archive and Study Centre and an excellent producer of periodicals - before the structural delays which seem inherent in the production of the Newsletter collided with the immutable reality of a pre-booked trip to the States, and the completion of the layout/DTP process came back to Craig. Which *is* a recipe for delay.

But this is life in an under-funded sector, where so much is happening, and so much sophisticated and grounded response is called for, that none of us has time that has not already been bought and paid for five or six times over by some immediate and unresistable need. You have only to read this issue to get a sense of the depth of change around us, both wished for and profoundly moving, and desperately destructive or unhelpful. If we could bring more resources into the sector….If we could organise ourselves in such a way…

How do those of us in the voluntary sector - which ATC, PETT and CHG are - organise ourselves best to take advantage of the strengths we bring, and the opportunities which are arising second by second in the changing circumstances around us? How do we best fit ourselves and our organisations to see and then to meet the challenges? The Community of Communities is racing into new territories at a dazzling pace, while several email discussion groups within CHG go for months without activity. Is ATC fitted to keep up with CoC, or the other challenges it has set itself? Is PETT? Are the three organisations (or four, if you count CoC as a separate entity) working together to best effect, not just to make sure that they don't stumble over each other, but to ensure that they enhance their mutually different strengths and opportunities?

Does it matter?

Of course it matters (just read the Correspondence pages in this issue). But is it possible?

not in this issue (with apologies)

In what has turned into a rather rushed issue, which will no doubt contain more typographical errors than usual, there are also a number of omissions: The second half of **Tim Foley**'s article on the **Sycamore Service,** the first half of which appeared in the last issue; an interview with **Edward Thomas**, who was at **Barns House** in Scotland; a promised interview with the Archivist for the Planned Environment Therapy Trust, **Craig Fees**; a report on **Loren Mosher**'s recent visit to Britain; all victims of time.

There are also several Milestones, to simply mention here, and to return to in the next issue: The fifth anniversary since her death of the **Large Group** originally founded by **Josephine Lomax-Simpson**; the deaths of **Hans Cohn**, **Robbie Kidd**, **Kenneth Roberton**, and **Sallie Roberts**.

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THANKYOU: A note of thanks to Tom Robinson

[In our last issue singer/songwriter/broadcaster Tom Robinson shared the experiences which led him to George Lyward and Finchden Manor, and their impact in turning his life ("Judging from future experience…", Joint Newsletter 9, pp. 46-47). A number of people have been in touch, affected by the piece. One of these was Red Hill's Neill Edwards, who wrote to Tom Robinson, and allows us to print his letter here:]

Dear Tom,

When I was four I asked my mother who my father was; she was silent, handed me a photograph in a frame, then said "This was your father." I looked and saw a tall man, slim, youngish, I think, and almost bald; but there was a light in his eyes I could not describe.

When I was six, schoolmates laughed and teased, derisive of one who had no father – their parents had not had to go to war - So I asked again: "Who *is* my father? Is he in prison? Has he done something wrong?"

My mother caught me in her arms, said "No, darling, Your father was a HERO. But he's gone now…." This was just four years since his explosive death, killed by a German sea-mine. She didn't tell me her sorrows, her devastation, just tried to reassure, to give me pride in him.

So I went back to school, knowing that I was someone Important. And was stupid enough to boast about it. Which led to more teasing, bullying, roughhousing, through three schools, till I went insane and tried to kill - a boy - whose name I remember yet - with a cricket bat.

Before that happened, at age nine, I had walked out onto cliffs near my home, a sheath-knife in my hand, debating whether I wanted to go back to boarding school, to beatings and being unmercifully bullied for my pretensions - or end it now. I looked at the cliffs, and down them, then weighed the knife in my hands, put the knife to my throat, but desisted as the point started to hurt; then started to try to cut my wrists but soon stopped from the pain. So now I knew I was a coward too.

That red madness took days to dissipate - led of course to transition, to a school near yours. Ours was in East Sutton, near Maidstone; my transition to a school *like* yours – one where there was No Fear, no retribution, where we could be ourselves - Start again, as it were. Where we learned to live with ourselves and with others; nor worry about the morrow.

Our Otto Shaw was like your George Lyward – even your description is the same – autocratic, insecure, fallible, prone to favouritism and boasting and an impossible taskmaster for those who worked with him. A man who gave his life and living to helping children find themselves and give them their lives back again.

So your bravery and honesty, Tom, gives rise to this. For which I thank you: one more ghost laid, one more memory put to rest, content that it has been answered.

Neill Edwards

For more of Tom Robinson, his experiences and reflections, see http:// www.tomrobinson.com.

Have you read the poems "Where am I?" elsewhere in this issue ('inside back page')?

Author SUE SANDERS, writes:

Strictly speaking they are the same poem. I initially wrote this poem during my first stay in a psychiatric hospital in 1987. I had no sense of self, nothing seemed to help, I saw no point in trying to carry on, as nothing would ever change and I hated being me. So, as you might guess, it is all doom and gloom.

I re-wrote the poem in November this year (2003), as I now know who I am, my future is what I make of it, and it is looking very bright; but most important of all, I like being me!

The difference in the poems is striking. The first being written at the start of my psychiatric service user 'career', and the second, at the end.

The catalyst for such major changes? Going into Main House Therapeutic Community.

Quick Statistics 1:

In the twelve months from February 2003 to February 2004 (there are no statistics for April 2003) the online versions of the *Joint Newsletters* were accessed in a total of 4,046 user sessions. The most popuilar individual issue, Number 5, was accessed in 751 user sessions – about the same as the number of hardcopy versions circulated when the issue was originally published in July 2002.

http://www.pettarchiv.org.uk/ jointnewsletter

Survival of therapeutic communities for personality disorder in the NHS

To : The Editors
Subject : Threatened Closure of TC & Mental Health Cut Backs

Business as usual, cut dead! Therapy was infected like a cancer with feelings of shock, horror, insecurity, anger, hopelessness and despair - the very feelings therapy is supposed to help us overcome.

A Therapeutic Community acts as an entity. Everyone was affected negatively, however positive an attitude an individual may take.

I was due to finish therapy before the threatened closure date. I felt hampered, frustrated and disabled by the surrounding malaise and pessimism.

When reassured our TC would not close, staff cuts followed, subtle at first then a short notice staff redundancy. More unsupervised therapy sessions, unstructured time slots.

Our time was taken in discussions about the proposed closures and cutbacks. Key staff were absent from therapy to attend meetings about the cutbacks. The Community felt like a ship lost at sea without a captain.

Visitors felt like the enemy invading to judge in one day whether we and our community were worth supporting. The National Press had a different story to reassurances we were being given.

How can therapy be effective in an atmosphere of apprehension, mistrust and fear?

An ex TC member

The editors:

[Although originally written last July, this letter was sent to The Newsletter as we were going to press because the author felt it remained fundamentally current]

My attention has recently been brought to the fact that Winterbourne House is under threat of closure due to cutbacks because of a massive debt in the mental health. Not only Winterbourne but psychotherapy in general is under threat. I my self am a former therapeutic community member, having successfully completed one year in TC. Before this I received one year of one-to-one therapy. Without this treatment I am sure I would not have my children with me, as my depression was becoming so severe I could not have coped much longer. Not only would my children have been taken into care, I know I would certainly no longer be alive today. Before TC I became dependent on drugs to get me through the day. Now I have two more children and no longer need any form of drug or medication at all. To close Winterbourne House would be devastating. This would have a very high scale ripple effect, starting with more hospital inpatients, more self harming, leading to eventual suicide. The effects this will cause will definitely cost the NHS much more than keeping Winterbourne open. In doing so, the government are saving money from social services by less children ending in care, and more families staying together. I myself have gone from panic attacks to leading a successful family life.

from ex-tc member

from Jan Birtle, Director, Personality Disorder Service, Birmingham:

Hello,

I know there is a lot of discussion going on right now about the future of Main House and the other specialist therapeutic communities for personality disorder in the National Health Service. It is helpful to have other people, as well as service providers (and service users), raising concerns, and I would be grateful for the opportunity to provide an update on the situation, or at least share as much as I know at present, speaking from Main House.

At the moment Main House, together with Henderson Hospital and Webb House, are funded by NSCAG (National Specialist Commissioning Advisory Group). The duration of this funding, and handover arrangements, are currently being discussed. If and when the funding arrangements are transferred to Primary Care Trusts (PCTs), the services will be vulnerable, as generally those people working in primary care do not have extensive understanding and knowledge of specialist mental health services. They are also under pressure to support a diverse range of other services - emergency operations, ambulance services, child health, etc. The usual picture is that services for people with personality disorder get squeezed, and sometimes cut. This happens irrespective of stated government health policy, which is to ensure that stigma does not get in the way of people getting treatment they need. The situation would be improved if money identified for people with personality disorder was ring-fenced, meaning it would be more likely to go to help the people who need it (this should be a guarantee, but in

(letter from Jan Birtle, continued)

practice doesn't always happen). It would also help to have personality disorder funded as a specialist service, as happens with some others, such as forensic services. Other, non-mental health specialist services have similar issues; for example, the Children's Hospital in Birmingham were in the news recently, as some of their very specialised treatments may not be funded in future. Unfortunately, the policy of moving funding for services to PCTs doesn't always work in the interests of service users, especially in relation to personality disorder services.

I hope this information helps. I also hope that things will become more clear in the future.

LETTERS FROM AMERICA:
CooperRiis: A Healing Farm Community

A little under a year ago we published a letter about CooperRiis from Greg Drees, a student volunteer helping to create the new therapeutic community in rural North Carolina (Joint Newsletter 8, p. 4). It was just about to open. The Executive Director of CooperRiis, Virgil Stucker, had spent fourteen years at Gould Farm, 'the oldest therapeutic community in America', and helped to found Rose Hill community in Michigan. We were just wondering how it was all going when two emails arrived for the Newsletter, one from a resident who has been there about six months, and another from a resident of only a few days. Dan then sent us the piece by Lisbeth Riis Cooper, one of the founders of CooperRiis, and Lisbeth then emailed us, with the update on CooperRiis's progress:

Hello,

My name is Dan. Allow me to share with you what seems to me the miraculous experience I have had during my recovery from mental illness the past eight months; how deep and meaningful personal change came from simple hard work and the assistance and reliance on skilled caring people.

At Menninger Clinic in Houston, Texas, I was diagnosed with bipolar disorder for the severe depression I experienced most of the previous two years. During the hospitalization, stabilization of my medications occurred and my suicidal thoughts subsided. I credit the staff at Menninger for supporting me in the interpersonal work which revealed that shame was the primary issue, a pervasive and toxic part of my entire person.

My personal involvement with CooperRiis started in October 2003 when I transferred from Menninger Clinic at the recommendation of my case manager. We investigated many programs during the process of selection, such as Gould Farm and Spring Lake Ranch. CooperRiis is a nonprofit organization which opened its doors on June 15, 2003 and is located 70 miles west of Charlotte, NC. It was envisioned and founded by Don and Lisbeth Cooper to assist individuals with mental illness with their recovery. Basically it is a residential treatment facility for adults with mental illness and emotional disorders who wish to get better.

Shame for me was thinking that every aspect of me was unworthy of a good life and outcome. Other people always seemed more important than me. I was easily subdued in any interpersonal exchange. Self confidence and dignity eluded me. Sleeplessness plagued my every night. Thoughts of all that was wrong in my life were completely overtaking my personality. I isolated and removed myself from friendships. People naturally withdrew from me. Work became a huge burden, unhappiness overwhelmed me everyday. Thoughts of suicide increased in number and intensity.

My initial days at CooperRiis were filled with questions and self-doubt about how my recovery could benefit from picking and husking corn, the main activity we accomplished the first few days I was here. Soon I moved into working in the kitchen, under the guidance of a great chef. The bustling schedule in the kitchen along with great personal support from my coworkers allowed me to get my mind off my problems long enough to start the recovery process. The everyday work program duties soon blended with the clinical aspects of individual and group work to allow me the opportunity to utilize the program to its greatest potential. Gradually I spent more and more time with the other people here, fighting off the urge to isolate. Rumination and racing thoughts about "all" that is wrong in my life transformed into time focused on the recovery program here at CooperRiis. The idea of constantly wanting to be dead was replaced with motivation to do the hard work needed to recover from bipolar disorder.

In closing, my personal involvement at CooperRiis has produced some dynamic and needed changes in myself. Confidence has replaced feelings of shame and inadequacy; dignity and integrity have metamorphosed from fear and hopelessness. I honestly feel that I am worth all the hard work and success experienced at Menninger and CooperRiis. I am eternally grateful to the founders, staff, and residents of both Menninger and CooperRiis who have helped me along the journey.

Dan Gaffney

CooperRiis Resident Dan Gaffney is a "46 year young father of two great boys, with a wonderful wife"; she is a veterinarian and he is a dentist. Dan can be contacted at 101 Healing Farm Lane, Mill Spring, NC 28756, USA

Lisbeth Riis Cooper writes:

CooperRiis opened in June of 2003 and it has been an exciting and hectic year but also very fulfilling to see our vision become a reality. It is everything, and then some, we had hoped for. We have been able to attract and hire great staff members and are very pleased with the performance of our executive director team, Virgil and Lis Stucker. CooperRiis has become much more clinical than we first expected, but we have not lost sight of the "holistic" approach we intended to have. Since hospital stays in America have become shorter and shorter we have found that the need for more clinical personnel was needed. It has been nine months of triumphs and tragedy as well. Dan is doing incredibly well (he will be going back to dentistry soon) and four residents have "graduated" to our Asheville program and are either volunteering, working or attending college; but one young man, after eight months at CooperRiis, ended up in a drug rehab center (could no longer fight his former habit of self medicating with street drugs), and another committed suicide. That is unfortunately the reality of mental illness.

Dear reader:

Morning life at Cooper-Riis begins with voluntary administration of psychiatric medications and breakfast at 7:45. Most residents wake at 7:15 AM and attend the early meal prepared by staff and any residents in the Kitchen work program from 6:30-7:40 when possible using ingredients pre-produced-and-harvested by staff and residents on the facility Farm. After breakfast 4 residents are chosen by staff or volunteer to dish wash during the morning meeting at 8:45. At this meeting staff and residents may make known any events that will take place during the day. An ordinary work day for a resident may begin with Farm work at 9:00 AM, stop at noon for lunch, and resume until dinner time with afternoon and evening special events offered. I have begun with the Farm group and plan to enter the Kitchen work program next week. I feel that Cooper-Riis is a well planned, funded, and executed venture and that it provides me with requisite, delicate accommodation to heal my mental illnesses and prepare me for a fruitful life.

Respectfully:

Cooper-Riis resident, Chris D.

A Mother's Journey led to CooperRiis, a special place for those who should feel special!

Lisbeth Riis Cooper

My Journey began several years ago as my daughter first experienced the anguish of mental illness. Like many who have a family member with a mental illness, I had seen my daughter live through repeated hospitalizations to little or no avail; live through dis-integration, dis-ease, anguish, torn relationships, anger, loss of self, and despair. As my husband Don and I looked for help for her, we met fragmented care, which was never enough. It was guided by the dictates of (un)managed care, and too often managed by providers who focused only on the disembodied mind. We began to join the ranks of isolated, frustrated families, who were always left with the pieces and no peace. We wanted a process that considered the physical, mental, emotional and spiritual dimensions of life and not just the dis-embodied mind.

Instead of succumbing to anger, Don and I began to imagine a place of integration for individuals with mental illness, where wholeness could be recovered, where isolation could be replaced by relationship, where the mind and the body and spirit could be nurtured within nature. The concepts for CooperRiis began to emerge. We filled our hearts with the desire to heal as a family and began to empty our wallets, and those of others, through a groundswell of philanthropy and created CooperRiis, a Healing Farm Community, in less than four years. (Cooper and Riis are our family names)

Over a four year period, Don and I raised almost $10 million! Together, we have guided the process of discovering land, designing and building our campus, and engaging our staff. Our dream has become a reality and our joy has increased as we see CooperRiis fill up and we watch our residents transform their lives.

What is CooperRiis?

- CooperRiis, "a healing farm community", gets its approach and structure from a therapeutic community model that has been in limited practice for over 80 years. The central concept is a living environment where staff and residents live, learn, recreate and work together as a functioning community.
- A new paradigm of psychiatric care, with an emphasis on relationship-centered care and a strong holistic component that affirms and honors the "whole" person.

· A comprehensive residential program utilizing multiple opportunities:

  o psychotherapy and psycho-education
  o access to expert psychopharmacology
  o service and work training
  o recreational, cultural and arts experiences
  o nutritional and physical exercise coaching
  o smoking cessation guidance
  o massage therapy, reflexology and access to complementary modalities such as acupuncture

· A process that considers the physical, mental, emotional and spiritual dimensions of life, not just the dis-embodied mind.

· A modern complex on an 80-acre farm in the town of Mill Spring, NC, about 40 miles southeast of Asheville, North Carolina.

Don and Lisbeth Cooper Riis

CooperRiis accommodates up to 36 residents in three Lodges where each resident has a private bedroom and private bathroom. Residents are 18 or over, are treatment compliant and desire to improve their mental health. They are usually diagnosed with schizophrenia or schizo-affective disorder, bipolar disorder, depression, or personality disorders. Our clinical staff consists of a consulting psychiatrist, two psychologists (Ph.D. level), a family nurse practitioner and two recovery coaches. Additionally we employ lodge advisors, a farm manager, a chef/ nutritionist, several work crew leaders, and many other caring supportive staff and volunteers, totaling almost 30.

After an average stay of six months, residents may transfer to the CooperRiis Graduate Program, currently in West Asheville, which provides long-term, supportive housing, and employment, volunteer or educational opportunities in the Asheville area. Given that residents may come to CooperRiis from anywhere in the world, we also assist in the planning of smooth transitions for those who wish to return to their home communities. As need dictates, we plan to set up graduate programs in other cities in the Southeast including nearby CooperRiis to accommodate a day program for some residents.

The hope, that Don and I have, is that CooperRiis will serve thousands in the years to come, and that our demonstration of successful outcomes will kindle hope far beyond CooperRiis and in the hearts of others with the will to be well and the resolve to be creative We also offer volunteer and internship opportunities. Please come visit us.

Special note: We have also managed to open CooperRiis with a method for providing significant scholarships. And by the way, we are not finished fundraising! Don and I are determined not to stop until CooperRiis is truly **financial need blind** for all who may need its services.

Sincerely yours,

Lisbeth Riis Cooper
Mother

PS: Our daughter is doing well and is a full time student at Montreat College, Montreat, North Carolina. Last summer she was a full time volunteer at CooperRiis.

Please contact our Executive Director team: Virgil & Lis Stucker at 828-894-5557 to learn more or visit our website at www.CooperRiis.org**.**

To contact us personally, please e-mail us
Lisbeth@CooperRiis.org
Don @CooperRiis.org

BRIEF STATISTICS 2: David Clark wins in online visitors stakes

The online version of Dr. David Clark's *How I learned my Trade* – musings "on the process by which I became a psychiatrist" – was accessed by 1,524 Internet users in the twelve month February 2003 to February 2004 period (no statistics being available for April 2003). But over two thousand – 2,134, to be exact – accessed his online MD thesis during the same period. An account of Winston House, a psychiatric halfway house in Cambridge during its first eight years 1958 to 1966, Dr. Clark's *Psychiatric Halfway House* was presented to Edinburgh University in April 1967, over thirty years ago. *It is the single most popular item on the Archive and Study Centre web-site.*

http://www.pettarchiv.org.uk/survey-dhclark1.htm

OPEN LETTER:

CRISIS AT THE ARBOURS CRISIS CENTRE

Arbours Crisis Centre, London

We welcome feedback from colleagues who may have experienced similar difficulties with the powers that be as those described here. Please write to Dr Joseph Berke at: jhberke@aol.com or c/ o The Arbours Centre, 41 Weston Park, London N8 9SY.

Post Script, 16 March 2004: Since this letter was written, the goalposts have been changed again. As of 31 March the National Care Standards Commission (NCSC) will cease to exist. A new body (Commission for Social Care Inspection (CSCI) will take its place. Whether this will be helpful or harmful or not, is unclear.

1) Background

The Arbours Crisis Centre is a unique psychosocial facility located in Crouch End in north London with a world wide reputation for clinical excellence. It was established in 1973 to provide intensive, personal, psychotherapeutic intervention and support for emotionally damaged individuals and families within a non-institutionalised, non-medicalised environment, although its links with the mental health services are strong. The Centre is part of the 'therapeutic community' movement in Britain (and beyond) which has a long and respected tradition of helping troubled individuals through a combination of asylum provision and intensive group, milieu and individual therapy.

The Centre is a small, intimate, family-like facility. It aims to help people regain their self-esteem and social confidence through emotional insights and communal living, with a focus on the development of healthy interpersonal relationships.

2) Aims

The Centre believes that an emotional or social crisis can be a turning point in a person's life — a real opportunity for growth and development. *We do not see it as an illness or infirmity per se, no matter* how bizarre or difficult the experience of the person or his/her behavior may be. Our focus is not only to diminish human suffering, but to facilitate personal empowerment, individual responsibility, flourishing relationships, and social engagement. Our objectives are to enable people:

a) to achieve a mature outlook on life.
b) to be able to participate constructively in relationships at a personal and social level.
c) to make positive contributions to the communities of which they are a part.

Towards this end residents of the Centre have commented:

"I feel I have changed a lot. I feel a lot stronger in myself…I still find things difficult, but I no longer need to use self-harm to express my feelings My relationship with my partner is much stronger. "

"When I left I felt I had the possibility of a future life, whereas when I went in I was reasonably convinced death was my only option. "

3) Outcomes

The Arbours Centre has a remarkable record of caring for and rehabilitating people who have been previously dismissed as beyond help, including persons considered to be of very high risk of suicide, self-mutilation, depression and psychosis. Of particular note is that in over thirty years of operation, no-one has committed suicide at the Centre, even though many individuals who have passed thought the Centre's doors have been seriously disturbed.

4) The Present Problem

The Centre is now severely threatened in a way that it has never experienced before and could not have envisaged. Under the requirements of the newly created National Care Standards Commission, the Centre's inclusion in the Nursing Home category, and in particular, increasingly tighter regulations and restrictions, pose severe risks to its *modus vivendi*, as well as to its very existence. The Centre has been, in our view, anomalously placed under the aegis of the National Care Standards Commission.

Why has this occurred?

It seems that the Care Standards Act (2000) requires that every institutionalised facility to do with care has to be registered. Not coming under any recognised

category, given its unusual residential/therapeutic context and its emphasis on interpersonal rather than physical support, the Crisis Centre seems to have been shoehorned into the available category of "nursing home", even though the Centre is neither a nursing home nor undertakes a regime of care that could be equated with nursing home life.

We understand that the analogy with a nursing home may have been drawn because some of the residents of the Centre (whom we call 'guests') have medical problems or are taking psychiatric medications when they come to the Centre, or because they are considered to be of high risk to themselves. However, we wish to stress that this decision - based, we believe, on a need for exigency within existing legislation - has had the most deleterious effects on the Centre, on its practices and on the lives of those in the Centre. This is the overriding message we wish to convey in this letter. We urgently appeal for reflection on and a reconsideration of the unusual status and function of the Centre in order that its survival can be maintained, and our contribution to the community can continue.

THE DELETERIOUS CONSEQUENCES

1) Putting the Centre under the category of nursing home has the immediate effect of medicalising relationships at the Centre.

All problems, all difficulties are by definition NOW required to be seen through the filter of a medical or illness model. We have nothing against the best practices of medicine or psychiatry and applaud the advances that medicine has made. However, we are not a medical facility. **We are a psychosocial Centre based on the facilitation of personal insight and interpersonal relationships. We have employed a different, nonmedical model of treatment with great success, over many years. This is the hallmark of our contribution to the Mental Health Services.**

Unfortunately, to employ a medical model in an inappropriate context such as ours hampers people's ability to assume responsibility for their actions and states of mind within the treatment regime in which they participate.

Categorising the Centre as a nursing home has the unwitting effect of ignoring the central importance of interpersonal relationships in mental and emotional disturbances. The nursing home approach leads to a focus on symptoms, rather than feelings; a focus on roles, rather than mutuality; and a focus on rules, rather than relationships.

A very harmful consequence is that concerns about nursing levels, shifts, etc. assume a central importance over and above the therapeutic tasks of promoting reliable, consistent relationships, emphasising psychological understanding and maintaining a family-like informality to assist the socialisation of guests. This change of focus to nursing home status can have the effect of actually generating the 'symptoms' the system is meant to alleviate. For example, depressed persons who long for and need consistent relations tend to suffer intolerable separation anxieties due to excessive staff changes.

Moreover, other features of the registration, such as unannounced inspections, are highly detrimental to the work of the Centre. An inspector may suddenly appear and demand to see certain records or insist that certain work is carried out: these highly visible, unplanned inspections convey a deep sense of threat to both guests and staff, **and they tend to be seen as terrifying invasions.** They create an atmosphere of unsafety and transform a carefully cultivated family environment into one more institutional facility. The result is added mistrust, anxiety, paranoia and persecution all around. Guests who are already deeply suspicious of others, i.e. paranoid, can find such pressures unbearable and this sets back their therapeutic progress significantly.

Another destructive consequence of inspections is that a central feature of the Centre - its function as a tranquil isle of asylum - is compromised and a core aspect of our therapeutic work is damaged. Early traumas of instability and uncertainty can be re-evoked in the guests, who react by repeating destructive patterns of behaviour: e.g. withdrawal to infantile behaviour, painful 'acting out' such as self-harm, and retreat from meaningful, more mature human contact. This situation, in turn, yields a difficult, unconducive therapeutic environment for the staff whose morale and professional esteem can be eroded.

The therapeutic ambience of the Centre is a delicate balance between the guests and the therapists and, like any delicate structure, is easily damaged or destroyed. We want to stress that we are not saying that all aspects of inspections are unuseful and we are certainly not criticising personally those who carry out inspections. Many suggestions on the part of the inspectors have been helpful. But the very ethos

behind the way in which they are carried out interferes with and contradicts the essential work of the Centre, which is the careful process of gradually putting into words disturbing conscious and unconscious states of mind.

2) Regulation and over-regulation:

The regulations greatly interfere in a destructive manner with the time and energy needed for the therapeutic work of developing personal relations and for overcoming damaging relations and behaviour. Vital therapeutic work with damaged individuals has to be sacrificed for tasks which have no bearing on the Centre or its guests' welfare. We believe that the excessive regulation to which we must submit even mirrors a type of over-controlling parenting that some residents have suffered. As a result it can, in serious cases, exacerbate psychotic processes. Many guests are extremely sensitive to outside 'forces' who they believe are controlling them. In fact, these forces now do exist!

We also believe that excessive regulations serve primarily as a protection against the anxiety of the regulators, who may fear that they will be filled with the feelings of disturbed and disturbing people and will be blamed if things go wrong. In all of this the needs of the guests are not addressed. Evidence for this view can also be seen by studying the large book of regulations to which the inspector refers.

3) Excessive Costs:

Unnecessary and impersonal staffing levels are prohibitively costly, and a small, intensely staffed facility like the Arbours Centre cannot afford these. Moreover this can be seen as a tax on personal relations. When the costs gets passed on to the funding authority or agent, they can fund fewer people, or refuse to fund at all because of 'excessive costs.' The excessive costs conceal the fact that the Psychosocial approach can help more people at less cost than many physically and pharmacologically based treatments.

It is socially unhelpful and we would argue medically immoral for the Centre to be forced to employ nurses who are not trained to interact with guests at the Centre, when hospitals and other facilities elsewhere which could use them remain understaffed.

4) Excessive and Unnecessary changes to the Physical Plant:

By forcing the Centre to change the space of the Centre to comply with medical standards, this ignores the role of space in containing human distress. For example, some people require a small space in which to feel contained and safe. They are frightened by 'normal' sized rooms. Others may be different, especially when they regain their confidence. The imposition of rules regarding space diminishes the ability of the Centre to intervene appropriately with people, as individuals, in distress.

Summary:

By imposing unnecessary, inflexible and inappropriate standards on the Arbours Crisis Centre, the Care Act has unwittingly jeopardised the functioning and the continued existence of an extremely successful, innovative facility with an outstanding track record of helping disturbed people, locally, nationally and internationally.

Sadly, it is possible that a flourishing facility that is needed more than ever by the beleaguered mental health community could be put out of action permanently because of a misapplication of a legislative category - an unthinkable consequence that would have nothing to do with failure on the Centre's part. The greatest impact of such a loss would be felt in the UK. Residents of London and other parts of the United Kingdom (we often have guests from Wales, Scotland, Cornwall, etc) would no longer receive the specialised help and care that they need. We believe that no-one involved in drawing up or implementing the Act, or in administering the Nursing Home regulations, would deliberately set out to create the kind of mayhem and destruction that is now ensuing as a consequence of the Centre's categorisation as a Nursing Home, or the increasingly tight regulations and restrictions.

We therefore appeal to the good sense of all involved to work towards a solution, which we believe is within everyone's grasp.

5) Recommendations

We would ask that the Centre be recognised for its unusual, unique, way of working and its long history of successful interventions in the disturbances of many damaged individuals. For documentation of this refer to the Centre's brochure and visit the Centre's website: **www.arbourscentre.org.uk**

Then, crucially, we would like to see a more flexible application of current regulations that takes the Centre's core needs into account. **One major step, for example, would be if psychotherapists could be considered the equal of nurses as far as staffing requirements at the Centre are**

concerned. This would satisfy both the Act and the Centre's needs and provide the right type of therapeutic input. We think there are other solutions of this kind that could be achieved with a certain amount of thoughtful collaboration.

It is also essential that psychological and Interpersonal issues should be given the same weight as physical issues, and that the weight of over regulation (deriving from the medical/ nursing emphasis) be lifted or modified to a level that does not work against the Centre's practices.

We also think that inspections should only take place on a mutually agreed basis, so that the staff and more importantly the residents can be prepared and the damaging impact minimised.

Ultimately we would like to explore the possibility that a new category could be established for the Centre and other organisations like it. We would be glad to work constructively with the authorities responsible for these matters to resolve this dilemma.

For and behalf of the Centre:

Dr. Joseph Berke, Director
Ms. Lois Elliott, Associate Director
Ms. Sonia Whittle, Nurse Manager
Dr. Paul Williams, Clinical Consultant
Mr. Kannan Navaratnem, Team Leader

The authors of the letter further comment:

This article should never have been written. That it has been is a reminder of Michel Foucault's cautionary prediction of a world in which surveillance, monitoring, scrutiny of the other and the social control of behaviour are destined to thrive in their visible and invisible forms as technology is used to manage the complexities of human difference. In the world of the psychotherapies there has been, in recent decades, an intensification of interest and an attempted intrusion into the therapeutic relationship between patients or clients and analysts, psychotherapists and other mental health workers. Much of this is linked to bureaucratisation of forms of social interaction that have become increasingly complex and difficult to manage. Under the guise of employment regulations, health and safety procedures and legal propriety, new ways are devised of inserting the 'gaze' of the state and institutional 'supervisor' into the everyday interaction of mental health users and providers. In the USA and in the UK this cultural development has led, at its most extreme, to legal conflicts as concerned workers have defended the right to preserve the confidentiality of the therapeutic relationship. Less obvious is the imperceptible rise in practices and procedures designed ostensibly to provide important safeguards, but which, because of their impersonal origins (notwithstanding the fact that they are driven by anxiety as well as rational planning) and their legally enforceable status, can have the effect of undermining the fundamentally private and personal nature of psychotherapeutic work. The Arbours Crisis Centre is a case in point. Unable to be satisfactorily categorised under prevailing health care legislation, it was designated a few years ago as a Nursing Home on the basis of approximation. The outcome of this skewed classification is that the centre has been subjected to a range of interventions, inspections and demands for bureaucratic compliance with Nursing Home law that often has little or no relevance to its core function or therapeutic activities, and which has damaged its fabric and morale. Added financial expense, administrative burdens and disruption to its therapeutic regime have had deleterious consequences on the centre.

The staff at the Centre has worked assiduously to minimise the impact of these added burdens, but there prevails a feeling amongst them that many of the officious activities they are being asked to carry out are neither relevant nor logical to anything they do. To be forced to carry out a number of purposeless, even banal activities can at times seem like a mad undertaking. Not all the new rules and regulations are unhelpful, and there is no sense that the process is conducted by the health authority in anything other than a pragmatic, unbiased way. However, a deeply unsettling aspect of this anomalous arrangement, in addition to unnecessary extra work, is the sense that a once inviolable sanctuary for seriously disturbed individuals can now be entered, inspected and altered with little warning at virtually any time. This perturbs the nature of Arbours' work as it introduces a climate of psychological un-safety. Pragmatists may point to the need to adapt to the world in which we live — a reasonable argument — but the very work of Arbours is the attention to unreason, for which an especially safe environment is called for. This assault on the Arbours milieu has highlighted an area of importance of which legislators and bureaucrats seem oblivious; namely, they are ignorant of the motivations and unconscious forces at play in intrusive state and local authority legislative

activity and they exhibit a blindness towards their psychological consequences. Although the inspections and intrusions clearly do not stem from ill-will or the mindless exercise of authority, and the rules and the people who implement them are reasonable and even caring, what is strikingly missing is cognisance of the institutional anxieties that drive the creation and implementation of these rules and a stunning inability on the part of otherwise bright, decent people, to question their 'one size fits all' policy. This raises additional questions about the reasons for such rigidity of policy, why it is so difficult to achieve flexibility where mental health issues are concerned and, of course, the unspoken nature of human reactions to dealing with - even at one remove - the impact of psychotic states. A failure to generate dialogue on these matters has meant that the situation has reached critical proportions at Arbours. This has resulted in consultation with national politicians and, currently, the matter is being put before the Secretary of State for Health to see if common-sense and a degree of reflective thinking can be applied to these palpably destructive consequences of bureaucracy. The Arbours staff would welcome comments on this article and correspondence or dialogue with any colleagues who may have experienced a similar dilemma:

Please reply to: Dr. Joseph Berke, 5 Shepherd's Close, London N6 5AG
Phone: 0208 348 4492, Fax: 0208 348 4263, Email: jhberke@aol.com

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We reported in the last issue the closure of Mi Casa de Transiciones in Pueblo, Colorado ("Goodbye Mi Casa", page 17), a nationally-recognised refuge and treatment centre for abused women/women involved in substance abuse. We've recently had a long letter from Debra, its director, from which it is abundantly clear that she is enjoying her new life to the full, gladly immersed in being a grandmother, mother, and daughter, with time left over for fishing. She enclosed a letter she had received from a Mi Casa mother - who wishes to remain anonymous, but who is happy to let it be published here.

The Last Hours at Mi Casa

The past ten days at Mi Casa have been an incredible experience for me. I first learned of Mi Casa six months earlier as my daughter was the last client to reside here. Mi Casa de Transiciones has truly lived up to the fullest extent of its name. The transition I have observed in my daughter's life has been an answer to prayer. I am eternally grateful for the love, acceptance, and guidance she experienced while receiving treatment in this safe environment.

When I learned that the doors to Mi Casa were closing I was distressed and deeply troubled. More safe houses like this are needed across the country to provide support and treatment to women who are so desperately in need of healing and recovery. After the experience of staying at Mi Casa the past ten days, I am even more than ever aware of the need, but I have also found a greater sense of peace for my troubled heart.

When I first stepped into the house, the warmth and acceptance drew me into the peaceful presence of God that resides here, and I, too, have experienced change during my brief stay here. I brought into this house my frustrations, anxiety, and fear of the unknown that lies ahead. But in leaving today, I take with me a calm reassurance and peace that God is still in control. For you see, I have observed my daughter's inter-action with those who have spoken wise counsel and instruction, discipline and self-control into her life. I have heard their positive feedback to her of the changes they have seen in her over time. Likewise, when I look at her I see a new and deeper level of strength and determination to take responsibility for her choices and actions, and to take control of her destiny. Where there was anger and rage, I see a calm and peaceful demeanor, with a resolve to take it one day at a time. I see an "I can" attitude in her, and a reassurance of her own self-worth and value, along with a recognition of her gifts, talents, and purpose. I see a strong young woman ready to move forward.

These last few days have also provided us the opportunity to strengthen the mother/daughter bond relationship between us. It has given me the courage to confront the mistakes of the past and to release them so we can look with faith and anticipation toward the future.

I am so thankful for the opportunity to have been here during this time. It has helped me to see that though the physical doors to a physical structure are closed and locked, Mi Casa de Transiciones continues to thrive and live through the lives of the women who have found love, acceptance, healing and recovery here. The doors to their hearts remain open forever and their place of safety is not found in this physical structure any longer, but within themselves as they found the courage and strength to forgive and trust themselves and others.

Only eternity will truly reveal the lasting changes in each life touched by the Mi Casa staff and a woman with a vision and faith to take a risk. Thank you for your willingness to sacrifice your time and energy, to put yourselves at risk and to bring help and healing to other hurting women through your labour of love. Your eternal rewards will surely be great. I am forever indebted to you.

With sincere gratitude,

(a named mother)

The closure of Red Hill School

In our last issue, Red Hill School old boy Ralph Gee wrote about the impact that the school, founded by Otto Shaw in 1934, has had on his life. He wrote, too, about its senseless closure in 1992. Otto Shaw's successor as director, Allan Rimmer, was moved to add about its closing:

"The main whammy was that we were not prepared to compromise on providing a staff equal to the delivery of a full curriculum appropriate to the potentially very able pupils who we had always received, and that were our speciality. It had taken considerable effort to build this up and to provide the correct teaching accommodation and plant. As numbers fell we could have survived by reducing to a characteristic EBD school curriculum, but chose not to. The alternative was to increase fee levels – paid entirely by LEAs, occasionally split with Social Services - to an absurd figure.

"I think the reason for the fall in applications for places was that the needs of the Red Hill group were more intensely internal and less externally clamourous, and therefore seen as less of a priority by referring agencies. I have a theory that our type of child – the child who came to Red Hill - now routes towards mental health provision, or becomes very, very deviant or delinquent."

Allan Rimmer

To the BBC: Children in care

[Ralph Gee gave his personal tribute to Red Hill School in the last issue ("Basically I was really really up for the wicked teenage werewolf genre thing", *Joint Newsletter* 9, pp. 33-36). During the recent BBC "Children in Care" season he wrote to the producers, sending a copy to the Newsletter with the covering note: *"The BBC is/are at it again, parading middle-class opinions over the heads of those they are discussing ("Shush dear, Mummy's talking"). They are about to "research" why children-in-care don't pass exams and go to university ("so please let us have your views..."). My blood boiled a bit - so I lit the touch paper and sent the following e-rocket:"]*

Having spent six years in care, from the age of 11 in 1947, I feel my point to be as important as those of dozens of "qualified" folk who know not of what or why they chatter.

That any child in care (and there must be a better label) may not achieve the same academic prowess as one with loving parents is patently easy to assess. Firstly, those ambitions are no priority alongside the complex range of emotional disturbances for which the child is placed in care; for which the alleviating recipe is primarily love, and not being pushed into deeper trauma by adults resolutely and selfishly imposing the wrong values.

Secondly, the essential learning environment is likely to be missing, as is the loving home, if care is within a large residential facility. Some attention should be paid to the relative meanings of the words "care" and "love". There is love, but there is also "adequate" care without it - and children in care know they are different, because your labels tell them so. If ready for university, they are neither deaf nor stupid, so should they be expected to behave as those not in care?

It should be realised, particularly amongst the middle classes with completely self-contained families, that academic success is largely driven from stable homes with facilities and empathies geared to satisfying curiosity, fostering learning, and going further than the parents. *Education* means "leading out", but socially disadvantaged children have something blocking the way, needing removal; and using words like "university" at them is more a sign of cruelty - particularly if conjuring up further institutionalisation. Indeed, I find it repulsive to hear the words "university" and "children" used in the same sentence.

In short, there are many reasons why children in care do not wish university life thrust upon them; and it would help society greatly were institutions such as the BBC to pay less attention to placing universities on Olympus, and forget all those degrees in Media Studies from Bournemouth. Missing university is not the end of the world, compared with health and happiness...

Ralph Gee

breaking news:

Prof. Paul Lelliot, President of the Royal College of Psychiatrists, has proposed the creation of a Task Force to promote the role of Therapeutic Communities to commissioners and referrers and to the wider health, social care, education and prison care communities, advise a group of professional bodies (such as the Royal Colleges) that would produce guidelines on population-based planning for the commissioning of Therapeutic Community places on a regional level, as well as recommend new areas for research. For further details and up-to-date information as it becomes available, check the ATC email discussion list. To join the list, send a blank email with "Subscribe" in the subject header to atc-request@psyctc.org.

COORDINAMENTO INTEGRA!

"Coordinamento Integra" is a scientific organisation which deals with study and research regarding Therapeutic Communities, and consists of workers in both the public and private sectors. It was formally set up with a statute in January 2004, but has effectively existed since 1997. It originally concentrated on organising meetings between workers from different Communities, with the aim of comparing their different therapeutic models and systems. In 2001 it began an on-going study to evaluate the outcomes of treatment in Therapeutic Communities. At present a work-group is elaborating a "longitudinal" follow-up study involving patients discharged from Therapeutic Communities.

Anyone with a genuine interest in the work of Therapeutic Communities can subscribe to the "Coordinamento Integra" association. The members of the association meet in plenary session once a month to decide on the themes, policies and modalities of research to be conducted. The individual study and research groups meet every 15 days.

Marino De Crescente
Head of
www.coordinamentointegra.it

Researcher Spotlight:

JONATHAN LEE AND PAUL GOODMAN

In the early 1990s American Jonathan Lee produced a series of short documentaries called "Fear of Disclosure" about persons living with HIV who were struggling to promote greater honesty and awareness of the disease in their various communities (Hispanic women, black/gay men, Asian Americans). His first full-length film as a director is to be about radical educator and theoretician, Paul Goodman (see page 16). He explains why:

I am a former adolescent admirer of Paul Goodman, who began reading him when 16 as a result of being referred to *Growing Up Absurd* by an anti-war radical who'd been invited to speak at an anti-war teach-in I'd helped to organize at my prep school. I subsequently appointed Paul Goodman my intellectual-political hero, father-figure, and model; and upon reading in *New Reformation* that he was also homosexual (the more active side of his bisexuality), his appeal to me as a fledgling gay man needing admirable models only increased. His matter-of-factness about his sexuality was for me at the time unprecedented, and I loved him for it.

Goodman was for me a teacher and intellectual guide, from whom I learned of and about anarchism, psychology, education, the names of intellectual or political figures he loved - Aristotle, Goethe, Freud, Kropotkin, Kant; and I even tried to read some of them!

When I moved from Maine to New York City at age 19 and wanted a therapist, I contacted the New York Institute of Gestalt Therapy, which his book helped to create, and where he was a teaching fellow, because I assumed that a therapist there would not have a pathologized view of homosexuality.

In some ways, everything I've done out in the world has been touched by him: my pacifism and application for "conscientious objector" status (which I received), and my attendance at anti-war demos; my four years working at the Children's Storefront School in East Harlem (a tuition-free nursery school started by poet Ned O'Gorman); my participation as a founding board member of the New York chapter of Educators for Social Responsibility, an anti-war teachers and parents organization in its earliest years; my work as founder-director of Maine Speakout Project, an organization that promoted non-confrontational dialogues about personal experiences between gay and straight Mainers in response to a wave of polarizing anti-gay ballot initiatives led by right-wing Christians, etc. etc.

So now I'd like to do a film that explores PG's life and thinking and that tells a story about some of those who responded to him with intensity. In some ways this will be a study in hero-worship and a story about an intergenerational romance — and I'm sure these stories will have their share of ironies and richness, and perhaps even lessons. And this film will be a modest contribution to the history of our times, a brief for the independent intellectual, a record of human yearning, an examination of the very interesting "practical utopianism" of Paul Goodman – and, most personally, my attempt to come to terms with my hero and my hero worshipping — an admiration that has not always helped me to learn how to think for myself and become whoever I am meant to be.

Jonathan Lee

R.D. Laing

Novelist Martine Mcdonagh is researching the work of R.D. Laing for her latest book, *Asylum*, which is partly set at Barrow Hospital, near Bristol. "My father worked in the hospital and we lived in the grounds until I was 13" she writes. "My memory of the one ward there that I knew quite well is of a small, quite mixed community, and I wondered about Laing's influence. While Laingian practise was not officially adopted at Barrow, practise there was quite forward thinking. Many of the staff were interested in it. Apparently it was the subject of much debate, and it must have influenced their practise in some way. I'm hoping that '*Asylum*' will help me recreate the environment in my novel."

She also has a deep interest in the proposed closure of Barrow and the politics behind it – "£97m PFI money to build a smaller facility in the centre of Bristol on a main road and next to a 24 hour Tesco, when it would cost half that amount to renovate Barrow to state of the art standard, and patients could continue to benefit from the 200 acres of protected woodland. And presumably avoid being ejected from Tesco, or worse!"

Martine Mcdonagh can be contacted at martinemcdonagh@tiscali.org.uk.

Therapeutic Community and Prison

I am a third year undergraduate student at Sussex University. My final year dissertation for a course in Therapeutic Interventions is focusing on Grendon Prison as a therapeutic community. I am particularly interested in how Grendon balances the concepts of the therapeutic community - e.g. flattened hierarchy and democracy -, without opposing the security and discipline priorities of prisons. This leads to assessing how Grendon tackles this - the sacrifices it has to make as a therapeutic community and the sacrifices it has to make as a prison - in order to combine the two into a successful therapeutic prison.

I have been in touch with Grendon, but any further help, pointers and suggestions will be greatly appreciated.

Helena Wickens
hw21@sussex.ac.uk

Carolee Schneemann

I am completing a book on American experimental performance between about 1910 and 1970. It includes significant portions on artists like Julian Beck (and the Living Theatre) and Carolee Schneemann, both of whom participated in the Dialectics of Liberation Congress which was organized by the Institute for Phenomenological Studies in London in 1967, Beck as a speaker and Schneemann as a performer. Presently, I am most interested in Schneemann's performance, so any information regarding it would be of great, great interest to me.

It is my understanding that there was some controversy regarding Schneemann's participation in the congress and in particular regarding her performance.

James Harding
Editor, *Theatre Survey*
and
Associate Professor of English
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USA

Paul Goodman

"For a film about social critic, philosopher of education, co-author of *Gestalt Therapy*, PAUL GOODMAN, (1911-72), I would welcome anecdotal information, photos, film footage, by persons who were admirers of his work.

I am doing a film that will try to tell the story of some of Goodman's former disciples, students, admirers as a way of exploring who he was and how his writing and his life mattered to particular individuals, some of whom knew him closely, others who never met him but yet were deeply influenced by his him. The film will introduce Paul Goodman to new generations — for most of his books are out-of-print and his initial fame has receded — as well as provide an opportunity for those who lived through the 50s, 60s, 70s, to reflect upon the ideas and legacy of a remarkable social critic and citizen.

I can be contacted by email at: JSLEExyz@aol.com."

Jonathan Lee

(see also page 15)

Researcher Update: *Volker Janssen*

UC San Diego graduate student Volker Janssen ("Human Relations on the Inside", Joint Newsletter 9, p. 14) writes:

Dennie Briggs has been tremendously helpful. He put me in touch with a former prisoner, who in turn will put me in touch with other prisoners. This will add substantially to a chapter in my dissertation that connects the history of the therapeutic approach in California's prisons to World War II (note here especially the importance of military funded research) and in the mid sixties, to the War on Poverty. See Volker Janssen: "From Therapeutic Penology to the War on Poverty: Visions of Full Employment in California Prisons, 1944-1966" (February 2004) : http://www.ucop.edu/ile/conferences/grad_conf/2004/janssen.pdf.

MA research in Dramatherapy

Martin Cope

Care worker and dramatherapist Martin Cope writes that he is undertaking a research project towards an MA at Plymouth University, the aim of which is "To explore dramatherapist and client perspectives on therapeutic process within an adolescent Therapeutic Community setting, using a 'narrative analysis' approach." Particularly interesting from the point of view of the place of research within a therapeutic community, "The research methodology is part of the therapeutic process. The study will promote client self-reflection, creativity and conscious understanding, thereby encouraging a transfer of therapeutic benefits from therapeutic space to real-life."

The participants with me in the research will be individual dramatherapy clients: up to ten young people aged between 10 and 16 with emotional and behavioural difficulties. Given some of the difficulties with traditional research methodologies based in interviews with emotionally and behaviourally disturbed clients, and arising from such a child's lack of self-awareness and poor communicative skills, my project is intended to introduce and explore 'narrative analysis' as an alternative interviewing technique. A narrative analysis approach should provide an accessibility to the client's 'essence' of experiences about their therapeutic journey, which would have implications for the dramatherapist's interpretation of process and give the research process itself therapeutic potential, while employing relevant creative and arts approaches.

Separate narratives will be devised, from both dramatherapist and client perspectives, concerning the client's journey through therapy. My narratives – the *therapist* narratives - may help formalise the clarification of researcher bias. *Client* narratives will be composed during a final interactive and audio-taped dramatherapy session, which, to help prevent or mitigate researcher/therapist bias, will be client-led. The Audio tape of each session will form part of an audit trail to help test and verify the success (or otherwise) of the unbiased approach. Furthermore, all narratives will be transcribed, significant themes will be isolated, and two exhaustive descriptions of the therapeutic journey will be formulated, summarising: 1) The therapist's interpretive perspective and 2) The 'essence' of the client's experience.

Among other things I will also be examining the literature on status and power; research into different types of client and their experience of therapy; and narrative and hermeneutic approaches to research in the creative art therapies.

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Research-in-Progress:

KENNETH C. BARNES, MICHAEL DUANE, AND THE RADICAL EDUCATIONAL MILIEU OF THE 1960s-70s

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The late Michael Duane [1915-1997] is now remembered almost exclusively for his time as head of the often controversial Risinghill School in London. Duane was born in Ireland, though largely brought up and educated in England. After several previous brushes with the educational and political authorities in others' schools he was appointed head of the new Risinghill, a co-educational comprehensive in a socially mixed part of London on the border between Islington and Finsbury. Much influenced by A. S. Neill [1883-1973], Duane attempted to run his school in a way consistent with the broadly anarcho-existentialist ideals he and Neill shared. In practice this meant emphasis on pupils' emotional rather than intellectual development, the promotion of cultural diversity, an interest in pupils' creativity, and an overwhelming determination to avoid authoritarianism.

Duane was also concerned with pioneering a new approach to sex education, one that dwelt on the understanding of sexuality rather than a bio-mechanical approach interested in the facts of reproduction alone. In this respect (and in other ways too, perhaps) his educational work can be said to have overlapped or interlinked with that of Kenneth Charles Barnes [1903-1998]. In contrast to Duane's more exposed life in the state sector, Barnes pursued his 'progressive' teaching career in the somewhat more privileged context of Bedales, and later his own Wennington School: But both were undoubtedly pioneers in sex or sexuality education – Barnes did this most famously in his book *He and She* (Penguin, 1958) while Duane, who tended to be a practitioner rather than a theorist, wrote relatively little about the subject but used novel methods in his own sex education teaching and, after Risinghill's somewhat controversial closure in 1965, in his subsequent work as a teaching college lecturer.

Duane and Barnes were both part of a radical, even revolutionary milieu in Britain in the 1960s and 1970s. In some respects this milieu, which was largely confined in practice to London, where the state of educational politics could often be little short of febrile, was more a figment of the imagination of some radical intellectual teachers than it was a social or cultural reality, but its influence continues to resound. Few now read Barnes, fewer still read Duane (who wrote far less than Barnes, and all of whose work has long been out of print) but, if only in well-thumbed secondhand copies, many aspirant teachers do still read Leila Berg's tendentious account of Duane's Risinghill years, *Risinghill: Death of Comprehensive* (Penguin, 1968). Recently I have written a certain amount about Duane, but I am increasingly interested in the context or milieu in which he operated: a context in which the Christian existentialist Barnes was an important figure.

People such as Barnes and Duane continue to represent the kind of teachers that other teachers think they ought to want to be. This is not to say that all teachers today closely or even remotely resemble Barnes or Duane (though the ideas of both on sex education are now part of a general orthodoxy on this subject), nor even that most teachers do, in fact, want to be like Barnes or Duane; but many young teachers and teaching students are more than a little troubled by a persistent feeling that they *ought* to want to be like Barnes, Duane, and the educational radicals and progressivists of the 1960s and 1970s. I am far from being an unequivocal supporter or advocate of the ideas and practices of either Barnes or Duane, but I continue to be aware of their significance and the significance of others from that milieu in forming the teacherly identities of new entrants into the profession: reason enough to go on taking them seriously, now and in the future.

David Limond is the author, among other things, of:

'All our Scotch education is in vain: the construction of Scottish national identity in and by the early Dominie books of A S Neill' History of Education *(23/3, 1999)*

'Only talk in the staffroom: subversive teaching in a Scottish school, 1939-40' History of Education *(29/3, 2000)*

'Remaining true to vocation and conscience: teachers in Britain and Norway under national socialism as conscientious objectors, war resisters and anti-nazi resisters, 1939-1945' Paedagogica Historica *(36/2, 2000);*

'Risinghill and the ecology of fear' Educational Review *(54/2, 2002);*

'Risinghill Revised' History of Education *[forthcoming/in press]*

Discovering Clare Winnicott: Reflections of a U.S. Social Worker

Joel S. Kanter

As my recent project, *Face to Face with Children: The Life and Work of Clare Winnicott* (Karnac Books, 2004), was launched, I have been asked by many on both sides of the Atlantic why I undertook the effort to bring the work of this distinguished British social worker to contemporary audiences:

"*Did you know Clare?"* No, my first stirrings of interest in this project didn't awaken until 1989, five years after Clare's death.

"*Were you trained in England*?" No, besides four days on a college student trek, I didn't visit the UK again until I began my research in 1995.

"*Are you a child care worker or involved in the child care field?"* No, beside my graduate education as a social worker and later training as a psychoanalytic psychotherapist, my main professional focus has involved the community care of adults with severe mental illnesses.

"*So why Clare Winnicott, then*?"

While many involved with therapeutic community may be familiar with Clare's distinguished career as a pioneer in British child care, she is known in the United States only as the wife of Donald Winnicott, the reknowned psychoanalyst and pediatrician, whose writings are read with great interest by psychoanalytic therapists and others interested in psychoanalysis. Some have read her eloquent essay on her husband "D.W. Winnicott: A Reflection" and others are aware of her role in the posthumous publication of many of Donald's writings.

In the psychoanalytic circles in London, some are aware that Clare was analyzed by Melanie Klein and was respected as a psychoanalytic therapist in her later years. But even her intimates in these circles were unaware of her accomplishments in the child care field and her array of professional writings. Recently, F. Robert Rodman, the author of a new biography Winnicott: Life and Work (Perseus, 2003) highlights Clare's important role in helping Donald achieve professional and "personal" potency; but, alas, barely a word is mentioned about her professional achievements. And in a recent London Review of Books review (11/3/04) of this biography, Frank Kermode, the reviewer, takes Rodman to task for not providing even more detail about Clare's romantic escapades.

Perhaps some in British child care, including Bob Holman in his recent book Champions of Children, have the greatest appreciation of Clare Britton Winnicott as a person in her own right. Whether a student in the Child Care Course at the London School of Economics, or a colleague in the Association of Child Care Officers or the Home Office, many today recall Clare as a strong, clear voice teaching about and advocating for the concerns of troubled children. Yet, as British child care and social work move away from an understanding of the individual child toward more administrative matters, the younger generation of child care professionals is rarely exposed to her wisdom. Lacking access to her written work, these professionals may only appreciate Clare in an historical context - an important advocate for children's services in years past with little new to contribute to workers today.

"So, does Clare Winnicott have anything to teach us today?"

This gets to the heart of the question of why I decided to chronicle her life and assemble much of her work in *Face to Face with Children*. For - unlike almost any of the more than 70 friends, colleagues, students and relatives I contacted while researching this project - I first came to know Clare through her written work, not through personal encounter. Conducting my research, it seemed that personal experiences with Clare overshadowed any familiarity with her written work; she simply was an exemplary friend, social worker, educator, administrator, psychotherapist, advocate, aunt and so on. And that was what mattered to those who knew her.

Her 1964 monograph, *Child Care and Social Work*, was used as a text for a time in some child care programmes, and several articles were republished for new audiences; but, for the most part, few knew Clare through her writings.

My first exposure, as suggested earlier, was through her essay "D.W.W.: A Reflection" which was first published in 1977 in a U.S. collection of essays on transitional phenomena. This memoir of her husband and their marriage has a striking eloquence and intelligence which impresses many 25 years later. But reading Donald's writings in my postgraduate training in the early 1980s, I became intrigued with his many direct references to social work issues and occasional footnotes to Clare's writings. Most notable is a 1960 footnote in his seminal 1960 paper "The Theory of the Parent-Infant Relationship", where he first details his ideas regarding the "holding environment"; the footnote reads: "Concept of

'holding' in case work: Cf. Winnicott, Clare (1954)". This references her paper "Casework Techniques in the Child Care Services" which is noted as appearing in her 1964 publication, *Child Care and Social Work*.

Out of curiousity about Donald's links to social work, I searched for this "book" for three years in U.S. libraries, finally, in 1989, discovering a worn 100 page paperback at the University of Chicago. Not having much time, I copied the whole 100 pages and took it home to read. To my surprise, I found the six papers it contained to be incredibly stimulating and useful, even though I was not working in child care. I had just written the first draft of a paper using Donald's ideas about "management" in a discussion of the community care of the psychotic patient, but found many of Clare's ideas to be a useful expansion of social work practice with that population as well. So I added them to the manuscript.

Excited about discovering Clare's writings, I debated whether it would be reasonable to expand the paper's subtitle from "The Contributions of D.W. Winnicott" to the "The Contributions of D.W. and Clare Winnicott". Not knowing anything about Clare's career beyond her war-time work with Donald in Oxfordshire, I had had an image in my mind for many years of Clare as the subordinate social worker who eventually married the doctor she worked under. So I sent off the manuscript for comments to two distinguished analysts who I thought might know Clare: Jock Sutherland, the Medical Director at the Tavistock, and E. James Anthony, a former colleague of Donald's who had moved to the States. Both strongly encouraged me to highlight Clare's contribution in the title, and communicated their highest respect for her professional abilities.

After my revised paper was published in 1990, I quietly wondered if there might be a way to bring Clare's writings to a U.S. audience. But I knew little about publishing and had no idea how to obtain permissions for such a project; and, the era of email and Internet research had not yet begun. Finally, I came across the address of Madeleine Davis who I knew had worked closely with Clare in the publication of Donald's writings. I wrote her for assistance, but sadly received a letter from her husband several months later informing me that Madeleine had recently died.

So my idea lay fallow until 1995. At that time, I was publishing a collection of case reports of community care with the mentally ill, and was interested in including a 1964 article from a British social work journal. Seeking to locate the author to obtain permission to republish, a colleague referred me to Jean Nursten at the University of Reading. She, in turn, referred me to the late Kay McDougall, the retired Director of the Mental Health Course at the London School of Economics. Speaking by phone, I learned that the author I was searching for had died. Learning a bit about Kay's affiliations, I then changed the subject and asked if, by any chance, she had known Clare Winnicott.

"Of course, we'd worked together at LSE for over 15 years. And Donald taught in my Course for over 20 years. I knew them both well."

"By any chance, did you know of a little monograph Clare wrote entitled '*Child Care and Social Work*'?"

And then I learned that Kay's husband ran a little print shop named Codicote Press, the publisher who had printed Clare's monograph. I told Kay of my fantasy of publishing Clare's writings again, and asked if she would give me permission for this. She graciously agreed, and with this agreement in hand I approached a U.S. publisher about this project. The publisher was interested, but Kay was concerned that we might need permission from Clare's estate.

So I contacted Jennifer Johns, Chair of the Winnicott Trust which Clare had established after Donald's death. Dr. Johns reviewed the original Trust documents and found nothing in them that referred to Clare's own writing. Then a day later, she contacted me again. Dr. Johns had called Andrew Britton, Clare's nephew and executor of her estate. He reviewed Clare's will and found that it bequeathed all earnings from her writings to the Winnicott Trust. And he told me that her personal papers had been donated to a collection at the Wellcome Library of Medicine in London.

In any case, with legalities resolved, a book contract was signed and I dashed off to England to visit the Wellcome Library and interview several of Clare's associates. My book proposal included the six papers in "Child Care and Social Work", the memoir of Donald, and a 1947 article on the Oxfordshire work which they had co-authored.

Within weeks, though, the scope of the project was transformed. The Wellcome Library housed perhaps two dozen published and unpublished manuscripts, and my few initial contacts quickly snowballed into dozens of colleagues, friends, relatives and analytic patients who wanted to share their experience of Clare. My initial plan for a brief biographical sketch was replaced by a far more ambitious 100 page introduction, part biography and part literary review.

For as I talked to Clare's many intimates and

associates, it became evident that even her closest friends and family knew her in limited ways. The analysts knew almost nothing about her child care work, and the child care colleagues knew little about her analytic training and practice. A classmate in her analytic training had no idea she was being analyzed by Melanie Klein. Her colleagues on the Winnicott Publications Committee knew nothing about her own writing. And while many saw Clare as a reflection of her distinguished husband, few colleagues were aware of the accomplished relatives in her family of origin. If Clare was going to be introduced to a readership who only knew her as Donald's wife, they would need a more complete portrait to appreciate the originality of her contributions.

Clare's life history itself contains its own important messages, integrating personal and professional domains we often view today as quite separate: government administration and analytic practice, pragmatic casework and dream interpretation, professional ambition and a joyful marriage, intellectual sophistication and a direct communication style, political adroitness and personal authenticity.

Finally, Clare's writings and other materials in the volume's final 16 chapters have a value of their own, apart from any autobiographical import. They too overcome dichotomies so often evident in our professional discourse, teaching us that we can:

—appreciate ***both*** the inner and outer dimensions of our clients' lives,

—express ourselves simply without being simplistic, a skill required in collaborating with caregivers who lack professional training,

—understand healing processes which occur outside of the analytic hours,

—apply our understanding of intrapsychic phenomena when caseloads are high and resources scarce; that such understanding can help us work more efficiently as well as more effectively,

—use observations from social work practice to enhance psychoanalytic understanding.

In learning from Clare Winnicott's capacity to view life through these multifaceted perspectives, we enhance our professional capacities to care for children and adults in need.

"TOMORROW'S WORLD" – THE CHILDCARE REVOLUTION AND BEYOND by Chris Nicholson

The Tomorrow's World conference, organised by 4Children (formally Kids Club UK), was held on the day the Government Published the Children's Bill, March 4. Indeed, at lunch time delegates from Whitehall arrived with hundreds of copies of the bill in boxes. One felt as though one was at the cutting edge. But would the Children's Bill have an edge sharp enough to cut through the layers of despondency that have built up around children's services over the past 15 years?

It was no surprise to find that Margaret Hodge thought so. She proudly announced that one authority where 'join-up working' had been piloted saw a 40% reduction in social services referrals. Another authority saw a 10% reduction in school exclusions. As government statistics are beyond suspicion, we can see that these are the kinds of results that derive from a strategy of 'prevention through intervention at an earlier stage', greater support for parents, and more support at transitional stages.

The Children's Bill 2004 proposes the introduction of the first Children's Commissioner, a post which, though devised by Government, will remain independent of it. Its purpose: to champion the needs of children, particularly those who are most vulnerable, and to ensure better outcomes for them.

Among the twenty other proposals are: accountability, the duty to work together or a duty to co-operate to ensure children's safety, the removal of barriers that prevent joined-up working, changes to both the hardware needed to ensure a better and easier sharing of information and to the culture of suspicion which currently prevents this, the creation of a database upon which professionals can 'flag up' concerns about a child for the attention of others, new (multidisciplinary) Children's Safety Boards to replace flagging Child Protection Teams, and new Directors of Children's Services whose job will be to ensure children's safety and with whom accountability stops. And all this for only £20 million!

A good deal of debate occurred during the two day conference about the structural changes required to deliver a better service to children. It was sobering to hear John Ransford, Direction of Education & Social Policy, state that: 'There is no structural panacea for anything. There is no structural solution'. Ransford believes that more important than

structural change is *how people work together,* and whether their focus is really on young people. He pointed out that the National Framework of Standards will be implemented at a local level where flexibility will be crucial.

Two interesting points came out of Cary Oppenheim's talk about 'Celebrating the Joined Up Approach'. One was that the quality of parental engagement with children - not grilling them about their homework, but just talking to and encouraging them generally - was more relevant to their educational attainments than the quality of their primary school. Another was that training for residential social work in the UK is still dreadful. RSWs in Sweden, for example, undergo a four-year training programme. Thus, despite all the marvellous proposals, for the most vulnerable children in residential care, services won't be improved greatly until issues of recruitment, retention and training are effectively addressed.

Paul Ennals, Chief Executive of NCB, gave an impassioned presentation. His most important contribution was an emphasis upon prevention. Ennals states bluntly that 'We know it's better to stop children falling off the cliff than to sit waiting at the bottom with an ambulance.' Prevention seems increasingly to be lodged with the effect upon professionals of understanding the importance of early life experience – an experience that both infant observation and neurological research are clearly demonstrating. Liz Kendal, from The Maternity Alliance, provided two remarkable points that illustrate this: The first was that children under one year of age are the most likely to be placed on the child protection register. The second was that the number of interactions between mothers and their babies during the first year of life has a dramatic effect upon outcomes. To me these two sides of the same coin should direct where we put the lion's share of our spending, both in terms of money and effort.

This conference seemed to mark a change in morale for children's services. Over the last few years the task ahead - all that needed to be done to make our care of children and young people more humane - has seemed insurmountable. Other conferences have felt bogged down with intractable problems and an overall sense of pessimism. *Tomorrow's World* conference, despite having what seemed like a fairly glib title, signalled what felt like a *real* shift to a more optimistic and realistic approach.

During the presentations, and despite notices and reminders, mobile telephone kept going off, leaving some poor fool fumbling and stepping guiltily out. Here we were at a conference all about better communication, about getting different people joined up. We were hearing that a baby's health is improved by the amount of time a mother interacts with it. We were at a conference during a year in which there seems to have been nothing but people coming together at different conferences (thanks to Neil Stewart Associates!). The fact is, that we are compelled to communicate, and when we fail to do this well things go terribly wrong. The change which children's services appear to be undergoing is a grand systemic one – it is a macro picture of what we want to happen on a micro level in the families in which children are currently suffering. Better communication and integration of our services may begin to create better integration within communities and families. Let's hope so.

New Essex University Course:

CREATING THE THERAPEUTIC ENVIRONMENT: WORKING WITH YOUNG PEOPLE

Andrew Briggs

The new Essex University course, "Creating the Therapeutic Environment: Working With Young People", is designed to offer the student an introduction to thinking about their work from a psychodynamic perspective. In aiming to help students develop such a perspective within their own practice, the course is in two parts. The first is a basic introduction to psychodynamic thinking and is taught as a theory course. The second part is a work discussion seminar.

The course is designed for people working in residential settings for young people (hereafter termed 'care worker' in this introduction). Thus it will be of interest to care workers, social workers, and residential schoolteachers and teaching assistants.

The course is based on the belief that the relationship between the care worker and the young person is a central instrument for a successful therapeutic outcome. The therapeutic use of the care relationship involves special attention to the way the care worker works with young people and the way he or she feels about the relationship. This course is focused on the way in which care workers work in an everyday way with young people. The course recognises that

this important relationship between young people and their care worker is embedded in, and supported within, the therapeutic environment of the institution they find themselves in. In this the focus is on the working together of the various care workers who are in this environment. Working together relies upon sharing a common understanding of the young people being cared for. Young people in care have typically experienced various serious abuses, difficult experiences with their parents, and the traumatic loss of contact with their family. Very many arrive in care damaged and displaying disturbing behaviour. This behaviour is often confusing to the young person and those trying to offer basic care within a therapeutic environment. Help for them is thus hampered not least because, so often, young people arrive in care with a very limited time left in their lives before they are too old for the institution where they are placed. This said, we know that all will begin, spend time in care there, and leave care. This basic structure to their pathway through residential care underpins the course structure, and it is intended to help students recognise that these three experiential stages also affect the behaviour of young people in care.

The theory part of the course aims to introduce students to established ideas about the behaviour and experiences of children in care. This part of the course is therefore intended to help students develop thoughts about their experiences, and thus give them a solid base of knowledge from which to begin thinking about their work in their work places. This work will be the focus of the work discussion component of the course. The active involvement of students in the work discussion component of the course offers a unique opportunity for a university-based course to be linked with a student's workplace. Students are required to observe their work, and report on it as part of the weekly discussion seminars. Their presentations will become part of their assessment portfolio, and this galvanises the bridge between workplace and course.

The course features a residential weekend, led by members of the Centre Staff, through which students will be able to experience for themselves many of the ideas about beginnings and endings that they are introduced to on the course.

For further information please contact:

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2004 Conference of the History of Education Society – 19-21 November Call For Papers:

The 2004 conference of the History of Education Society is to be in Dublin, the first time that it will have taken place outside the UK.

The conference's theme is: Insiders and Outsiders in the History of Education. Although intended to be general in nature and susceptible of many interpretations (some possible examples of which are suggested below) this theme is designed to reflect the centenary of the decision by Trinity College's Board and Provost (on 16 January 1904) to admit female students to full membership for the first time.

Possible subjects associated with the general theme might include the following:

•The admission of women to higher education, in Ireland, the UK and elsewhere;
•The admission of scholarship students/pupils of various sorts to elite institutions such as the English public schools;
•The admission of women (and men) to previously reserved forms of professional training and education (women to the law, men to nursing);
•The admission into curricula of previously excluded subjects and themes;
•Changes in educational policy and administration associated with major changes in government (such as the first UK Labour Party government);
•Immigration and education;
•Inclusion in 'mainstream' schools of those previously taught in 'special' schools;
•New forms of knowledge and new pedagogies (what happened when progressivism went from the outside to the inside?).

While not an exhaustive list, it is hoped that this indicates many of the possibilities that such a conference theme would afford.

Proposals for papers (250 words maximum) should be sent by post or e-mail to:
David Limond, Education Department, Trinity College, Dublin D 2
limondd@tcd.ie.
Closing date for proposals: 1 July 2004.
Up to 10 bursaries (of £200 each) will be available to support unwaged conference participants, enquiries to David Limond at the address and e-mail above by 6 September 2004.
Further details at: www.historyofeducation.org/uk

You'll never walk alone Department:

AIRBORNE INITIATIVE CLOSING

Rowdy Yates

Airborne is a project established in Scotland around ten years ago to offer an alternative to prison for the most intractable repeat offenders; most of whom have drug and/or alcohol problems. The project was established by a group of ex-paratroopers and offers a residential course of 9 weeks which includes mountaineering, kayaking and other outdoor pursuits alongside counselling and groupwork. Although it has never described itself as such, I have always felt that Airborne had much in common with the TC movement - creation of a therapeutic environment, the use of stress as a motivational and therapeutic tool, focus on the group dynamic, etc. Moreover, it was a very different solution to the bucket-of-methadone projects which are now the mainstream in Scotland.

Colleagues of mine in the Department evaluated the project some years ago and generally felt it was a useful addition to the options available to the courts for the most difficult offenders. Early drop-out was a problem, but those who completed the course did well with over 50% not offending within two years of completion. You can see a summary of those findings on-line at: http://www.scotland.gov.uk/cru/resfinds/crf45-00.asp

Recently, a fly-on-the-wall documentary was aired on BBC which showed some residents using, and episodes of violence. Ministers subsequently withdrew the project's grant of £600,000 saying that it had nothing to do with a knee-jerk reaction to the documentary but was a result of it failing to offer "value for money". This decision caused a political furore and ended up with a vote in the Scottish Parliament. See the report in *The Sunday Herald* for details: http://www.sundayherald.com/40255

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NEWS BRIEFS
from Rex Haigh

Congratulations!

On Wednesday 17 March, democratic TCs in prisons achieved what they have been working towards for several years: they have become fully accredited programmes of the Prison Service. The submission was made to the Correctional Services Accreditation Panel, which meets twice per year in Oxford chaired by Sir Duncan Nichol - it scored very highly and was commended for numerous features. David Kennard and Barbara Rawlings were on the panel for TC expertise, and Rex Haigh was there as an invited specialist. The submission itself weighed about 5kg and comprised 8 different manuals - application, theory, programme, management, assessment & evaluation, and three on training - and was a collaborative venture between all the prison TCs, collated and organised by Gina Pearce. The intention is to turn it all into a CD-ROM and website - so all the hard work done on it should be available to everybody who is interested in TCs. Congratulations to all!

On the Move

West Hill at HMP Winchester, where Mike Parker is Director of Therapy at the first women's TC in the prison estate, has just learned that it is moving to Send prison in Surrey ...*immediately*! Although there have been some problems with the rather drastic timescale of the move, it is encouraging that there will be better facilities there and that the staff are fully involved in making the move as un-disruptive and therapeutic as possible. Next time you move a TC, please, Prison Service, perhaps they need a little more notice!

Women's TC

The NHS is setting up four women's "hybrid TCs" in England in the next 2 years - as part of the women's policy implementation. They will be for women coming out of, or preventing them going into, high security or special hospitals. They are calling them hybrid-TCs because they will need security-type modification to the programmes - like key workers, CPA processes and possibly individual therapy input. They will probably be for 8-10 residents each, and have high ratios of highly trained staff. The money comes through in April to get started, and the administrative teams to set them up are at the final stages of being selected. Most of the successful ones are likely to be partnerships between the NHS and voluntary organisations. They will be thoroughly researched and evaluated, and if they work well, there may be many more in future, as it is seen as a much more desirable and cost-effective form of providing something appropriate than heavy-handed high security.

Money, Opportunity and Danger: NHS COMMISSIONING CHANGING AGAIN

Rex Haigh

Britain's NHS commissioning is moving fast, and we need to keep up with it or go under. The New Labour principles of stakeholderism, value for money, equitability and modernisation seem to hold sway. All can be seen as good for us or bad. Stakeholderism crucially gives high prominence to service user opinion, which few have done as deeply or for as long as TCs; but it also demands wide and complex engagement with various agencies and bodies around us - including services which work with very different treatment philosophies.

Value for money should be good for us: so much therapy is done by members of the communities themselves, that people are getting many more interventions, people supporting them, and risk-managing them per pound. But it also means very close scrutiny of anything that might be more expensive than it needs to be. At the moment, this means that day units are preferred to residential ones; soon the argument might be that "why pay for 5 days when you can do a good job in 3?"; then maybe "why a year when you can do something useful in three months?"; and so on.

Equitability and accessibility should also be second nature to us: TCs are necessarily inclusive and bring otherwise excluded people into significant and therapeutic contact with others. But we have a poor record of being equally accessible to people from black and minority ethnic groups, and do not have robust strategies and action plans to tackle it.Modernisation means whatever one needs of course; we are very modern in our focus on continual self-scrutiny and developmental change, but we are not interested in the tendency to only be concerned with what can be measured and targetted. In fact, I believe we represent a refreshingly accessible variety of postmodern practice: where no "grand narratives" hold sway, and we question everything as Foucault would - believing the only truth and authority to be trusted is that we establish between and for ourselves. But that, of course, is unlikely to impress PCT lead commissioners.

The current two crises are with the three Henderson projects and Winterbourne (again). Here is a brief update of my understanding of the situations:

The Henderson, Main House and Webb House have been informed that they will no longer be supported by national funding from April 2005, so they (or the trusts within which they are managed) need to secure their financial future by raising their fees from the PCTs from which their residents are referred. This is no easy task, as each of the three cover in the order of 100 commissioning PCTs. Salford is the host trust for Webb House (many miles away), and they have decided that the risk of insufficient future funding is too great to bear; they have announced to their members and staff that they will shut. The situation for Henderson and Main House is undecided: there may be seen to be "room for two national units", and discussions are under way to decide what will happen. On behalf of ATC, rather than writing a "this must not be allowed to happen" letter, I decided to offer a small information paper from the Community of Communities. With Kirsty Leach, our research assistant, we are collating email responses to the question "why do we need residential places for treatment of those diagnosable with personality disorder?" in four areas: service users, referrers, clinicians, and some early finding from the National Lottery-funded research project. The Department of Health lead for Personality Disorder services, Eddie Kane, has said he will be happy to hear what it comes up with and disseminate it to commissioners accordingly. We will see what is made of it in the next two or three months.

Winterbourne TC in Reading, which is an integrated part of a district NHS psychotherapy service, was under great threat last year, and a cost-cutting plan was drawn up and agreed. With an active campaign by ex-TC members and colleagues in the field, and being recognised as a service of "notable practice" in the NHS "Personality Disorder: No Longer a Diagnosis of Exclusion" policy guide, the TC was specifically supported by a recurring DoH grant of £300,000 per year. However, the rest of the service around it was cut significantly: Four senior posts were lost, and Winterbourne hoped that was the end of the pain, but unfortunately it was not to be. In early 2004, further cuts of several posts - rumours of numbers vary between 3 and 9 - were announced, following the PCTs in the East of Berkshire refusing to commission any psychotherapy from Winterbourne. So what was once a thriving, creative and energetic hothouse of TC-mindedness has been reduced to a very demoralised shadow of its former self. My own view, in my ATC role, is that the Trust board are relentlessly pursuing a "modernisation" agenda in which "stand-alone" psychotherapy services have little place; the TC survives, by the skin of its teeth, because of the felicitous publication of the PD policy guide last year. All is not lost, however, for many of the ideas generated at Winterbourne over its 32 years are now incorporated into the "Thames Valley Initiative" plans. This is a service and training development in Berkshire, Oxfordshire and Berkshire which has just been granted two year pilot funding of about £1.5m per year - a new day TC is emerging in Oxford, another is planned in Bucks, and Winterbourne is being incorporated (with the DoH grant mentioned above) as the rather frail and doddery old grandparent!

AND IT'S GOODBYE FROM HIM...a newsflash from Jacques Hall

A report has just come through that Chris Nicholson, Admissions Officer, has left the Jacques Hall Foundation.

The Principal said "I am very sorry to see him go. But not as sorry as when I saw him arrive six years earlier."

Mr Nicholson held a number of positions during his six years at the community, most of which allowed him to put his feet up. However, he was particularly known for his great energy and physical stamina. A close colleague explained: "For hour after incredible hour Chris was able to point to the things he wanted you to do."

The Charterhouse Group has applauded Mr. Nicholson's great theoretical contributions. "It is just unfortunate", said a well-placed source, "that these were in the field of English Literature rather than Adolescent Studies."

Jacques Hall's current psychotherapist, who had been meeting Chris on a weekly basis, reported that she is nearly cured, adding that once therapy has ended she aims to begin her career as a team leader, and finally attain her employment goal of becoming a residential care worker.

Mr Nicholson reportedly believes that because of the sophisticated philosophy he developed at Jacques Hall "the children are well ahead of their time". Asked for evidence to back up this bold assertion, he told this reporter: "It's obvious. The children are able to answer you back before you've spoken to them,"an assertion we were immediately able to confirm.

The Head of Education said that staff at Jacques always had a lot of time for Chris. He gave a moving account of Mr Nicholson's leaving speech, in which Chris began by saying that he just wanted 'to say a few words'. The room burst with applause, and Chris was quickly led, shaking with emotion, to the taxi waiting for him outside with the meter running.

So, it's a warm goodbye from him.

[*We can confirm, however, that Mr. Nicholson intends to retain his position as an Editor of the Joint Newsletter. See also his brief personal statement on page 32*]

Jacques Hall Community

7th Annual Conference

Friday 28th May 2004

PGEA APPROVED / 4 CPD HOURS

Goodbye to All That

'From Trauma & Repressions To Integration

at

The Resource Centre, Holloway Road, London N7

This conference aims to explore the nature of trauma, its causes and effects, and to suggest both theoretical perspectives and practical methods of helping children and young people to approach and manage experiences to which they might prefer to say "goodbye". Perhaps this work begins through the development of a deep respect for the hurt children have suffered and the capacity to listen to their distress. But what are the qualities, structures and abilities required to help children with this difficult task?

The Jacques Hall Community welcome you to a day of presentations and discussion groups, which aim to assist, challenge and stimulate your understanding of the pressure brought to bear upon children and young people by early traumatic experience. The conference is designed for invited guests, residential and field social workers, psychiatrists, psychotherapists, educators and other professionals working with young people. We are *particularly* eager to support the attendance of students, for whom the conference is free.

Convenor: Andrew Briggs
Speakers: Christine Bradley, Chris Nicholson and Walter Blacker

Cost £50

Group Discount Available upon request

(For further details please contact Tracey Grimwood on: 01255 870311 or email traceygrimwood@priorygroup.com)

PANNING FOR GOLD ON THE INTERNET

Given the thousands of newspapers, television networks and radio stations in the world, and the flood of current affairs content that pours from them into the Internet each day, you might expect a healthy dose of "therapeutic community" to pop up on the once-a-day international Google News Alert service, an Internet version of the old newspaper clipping services. But while terms like "Democratic Education", "Alternative Education" and "Progressive Education" throw up an endless daily stream, "Therapeutic Community" (or its Italian, Spanish, French or German equivalents) creaks along at one or at most two alerts per week, while related terms - such as "Therapeutic Milieu" and "Milieu Therapy" (or their Italian, Spanish, French or German equivalents) -, induce a sense of Internet coma. Perhaps not surprisingly, the majority of reports thrown up by "Therapeutic Community" come from the United States, most refer to substance abuse/drug-free therapeutic communities, and many of those are passing references in the context of court and crime reports. Can and should 'therapeutic community' raise its public profile? Or is 'therapeutic community' an out of date term?: What is the new black in the fashion space that used to be occupied by 'therapeutic community'?

Substance abuse/drug-free therapeutic community briefs

(URLs are given at the end of the article)

(1) Bucking the trend, Bob Garon on *ABS-CBN News* writes about the bust of a major *shabu* factory in the **Philippines**: "Shabu can be found in just about every village of the country" he writes. "You have to doubt those who say it isn't so. Just as new labs are established to meet the demand, so too are the rehab centers sprouting up like mushrooms after the rain. When I first set up the first therapeutic community in the country way back in 1972, there were exactly three rehab centers. Now there are dozens. In those days, drugs could be found mostly in the big cities. Now they are everywhere. There can be no doubt about the fast-growing drug menace. It is out of control. The huge catches of confiscated illegal drugs are just the tip of the iceberg. Those of us working in the field of rehab know the score, and we're losing."

(2) Back in America, in Carroll County, **Arkansas**, police informant Jason Randall Edmondson "was sentenced to 10 years in prison with four years suspended and participation in a Department of Correction Therapeutic Community program… [for] possession of drug paraphernalia with intent to manufacture methamphetamine."

(3) In a round up of Christmas good news, *KOTV* in Tulsa, **Oklahoma**, reported that "Deana Sturgill was grateful for the few hours she got to spend with her two daughters and granddaughter on Christmas." The 37 year old grandmother "is a trainee at the Eddie Warrior Correctional Center…Trainees are residents of the prison in a rehabilitative therapeutic community," which KOTV describes as a "regimented drug treatment program."

(4) *The Idaho Statesman* reports the case of two year old Annabelle Green, diagnosed at ten months with the rare and horrible Sanfilippo syndrome, the only treatment for which would be lengthy stem-cell treatment at Duke University in far away North Carolina. "When the **Idaho** Department of Health and Welfare ruled Medicaid wouldn´t cover the high-cost treatment" Annabelle's grandmother, artist Christine Barrietua, launched a successful year long legal and political battle to have the decision reversed, and an equally successful fund-raising campaign which drew support from school children, businesses, and "Therapeutic Community, an in-house drug and alcohol treatment program at the South Idaho State Correctional Institution, [which] raised more than $1,400 for Annabelle."

(5) The *Philadelphia Inquirer* reports on overcrowding in Bucks (**Pennsylvania**) County jail, brought about because judges seemed to feel that offenders serving relatively short (3 to 5 year) sentences were better off in Bucks County Correctional Facility than in a State prison. Harris Gubernick, County Director of Corrections understood this - "Historically, the state system didn't offer a whole range of programs" - but argued that "the state system's changed dramatically over the years". For example, "some state prisons offer "therapeutic community programs," in which an entire cell block might be devoted to treating inmates for substance abuse, teaching them life skills, or offering general educational programs seven days a week for 18 months. Such a long-term, intensive program is beyond the capabilities of a county jail, he said."

(6) On the other hand, elsewhere in **Pennsylvania**, according to *The Morning Call*, "A number of counties have created their own treatment programs within confinement facilities, and it is a heck of a lot cheaper.'' Northampton County Drug and Alcohol Treatment director Mary Carr "said the best approach is a residential program, called a therapeutic community, in which clients form strong bonds with other people", backed up by

Judge Freedberg, who "urged the county to look into creating its own intensive drug treatment program for inmates because the county offers little in the way of treatment for those behind prison walls." Northampton judges had solved the County jail overcrowding problem by "a mix of early releases, state sentences, probation and alternative sentencing," but with the bulk of people coming before the courts being drug related, and "the majority of repeat offenders and probation violators" being drug addicts, treatment was needed.

(7) Back on the state level, the *Roanoke Times* reports that the **Virginia** Correctional Center for Women in Goochland offers a Therapeutic Community Program. 18-year-old Lynsi Leigh Mayes (in prison for killing a 15 year old boy while drink-driving and for then carrying on drinking alcohol after being released to her home on electronic monitoring), had appeared before Roanoke County Judge Jim Swanson in an attempt to get moved out of the program, arguing that it "was a nightmare" and "that she was not getting the treatment she needed there because meetings were constantly canceled. She also said the other inmates were two to four times older than she, and that her cellmates 'lie, cheat, steal, yell at me, threaten me and keep me up until 1 or 2 in the morning'… [It's] supposed to be a nonviolent program, but she has seen fights already. She also said she has seen sex in the showers, strip dances and gambling. Mayes said she complained to prison officials, but 'they told me it's just a learning experience.'" Judge Swanson, having reviewed her quarterly progress reports, "asked her about alleged uncooperativeness in the treatment programs. She told him she had completed Anger Management but withdrew from the Work Wise Program because she was "too depressed" and "all the teacher talked about was sex."" None too sympathetic, he pointed out that "It's a prison program…It's not supposed to be like checking into a Marriott" and the County Attorney suggested "that if Mayes does not like the Youthful Offender Program at Goochland, she can go to a penitentiary and serve her 10 years." Responding to this outpouring of sympathy, Mayes said "Goochland, to me, it's a nightmare…and I never want to again experience anything like that" and "wailed as deputies led her out of the courtroom and back to Goochland."

(8) Also in **Virginia**, the *Virginia-Pilot* reported on the teenage tearaway adopted son of Navy Seal Jim Schombs, facing deportation to the Philippines in the wake of post-9/11 tightening of the enforcement of immigration laws. Having come to the States with his mother and her new husband Schombs at the age of 5 in 1986, having grown up and gone to school in Virginia, and having been adopted, Julius assumed he was an American citizen, and on that basis felt safe pleading guilty in 2000 "to felony charges of statutory burglary, grand larceny, and conspiracy, and to misdemeanor charges of obtaining money under false pretenses and possession of marijuana." But the failure to fill in a form and pay an $80 fee when adopted meant Julius was technically still an alien, and his attorney Stephen Heretick said in the current climate "if you are a deportable alien and commit a felony, you can just about guarantee that you will be deported…" According to Heretick "He appeared to be getting his life together at St. Brides. He earned his general equivalency diploma and learned a trade as an automobile body repairman. Upon release, he had a job lined up and a secure home with his father. Prison officials confirm that Julius was rehabilitated. 'He was doing all the right things in the program and the staff recognized it,' said James Keeling, the facility's therapeutic community director. St. Brides officials were so impressed with Julius that several attended his immigration hearings to lend moral support."

(9) Having abolished parole in 1995, another article focuses on overcrowding of minimum security prisons in **Virginia** - "As long as there's no parole, and as long as the judges sentence people, there's going to be an increase in the number of inmates…That's just a fact of life," as one person comments. "When the Botetourt prison opened in 1962 as a camp for convict highway crews - with the name "Camp 25" that many local residents still use today - it held 45 inmates. Last Wednesday, as Terry walked through a facility that still has some of its original buildings, the head count was 341." With a State Senator warning of imminent Attica Prison-like riots within the Virginia prison system because of overcrowding, the paper effectively drew attention to the management benefits of the therapeutic community approach: "Botetourt prison, which seemed calmer than a typical high school during a tour last week, holds mostly nonviolent offenders who have 24 months or less to serve. A therapeutic community approach is aimed at addressing inmates' drug problems. Out of the staff of 125, a dozen are social workers."

(10) Back to County level, in **Kansas**, at least in Johnson County, there is a County Therapeutic Community programme which is obviously alongside rather than inside the prison system: Alva Allen and his wife were convicted of manufacturing methamphetamines in November 2003, but had jumped bond before sentencing, and

"were re-arrested in early February by bounty hunters, who tracked them to a farm in Iowa and brought them back to Johnson County" where "Besides the manufacturing charge, he was found guilty of possession of the drug, possession of paraphernalia and obstructing the legal process." His attorney asked that Allen be sent to the Therapeutic Community programme instead of prison; but taking into account "Allen's extensive criminal record and the fact he had fled before sentencing" the judge declined the request.

(11) On the national stage, Phoenix House had thrown an "Achievements Award" banquet at the Bel-Air Hotel in **Los Angeles**, to honour television programme "NYPD Blue" and its Emmy Award-winning actor Dennis Franz, playing a recovering alcoholic. "The national nonprofit organization relies on a 'therapeutic community' methodology in which peers receive treatment in a residence over an extended period of time, explained Winnie Wechsler, regional director. It chose to honor 'NYPD Blue' because the show has addressed 'the question of substance abuse and the challenge of recovery,' Phoenix House President Mitchell Rosenthal told the crowd Jan. 22. 'A memorable moment for us was when a detective told an addict to get help from Phoenix House.'" "Proudly sporting jackets emblazoned with an image of the mythical phoenix, several former teen addicts celebrated their rise from the ashes at a benefit ….Months before, they'd been drug or alcohol dependent. Now, clean and sober after treatment at Phoenix House, they moved with humility and gratitude among the guests who came to encourage them. If not for the treatment he received, one former meth user believed he'd be on the streets. 'Or dead,' the 15-year-old whispered during the 'Achievement Award' dinner…"

Longer pieces

(12) The substance abuse model also rates several longer articles, such as "Lost, and found" by Selena Ricks of the *Portland (**Maine**) Press Herald*. This tells the story of teenage addict Heidi Hanscombe, who dropped out during her last year in High School and began to seek help only after a near-fatal overdose. As part of the first intake, and the first to successfully complete the Phoenix Academy programme – one of three residential substance-abuse programmes for teenagers in Maine, catering for children 13-18 years old – she had gained her high school diploma, started a university course with the intention of becoming an adolescent substance-abuse counsellor, and was spreading the word about the successful therapeutic community programme which she felt had saved her life.

(13) Katherine Morris of the *Register-Pajaronian*, in 'Safe' program offers inmates last chance' uses "Clint" to illustrate 'Safe' – "an intensive drug and alcohol treatment program at Rountree Lane, the Santa Cruz (**California**) County Sheriff's Office's medium-security detention facility….The residential treatment program, which is carried out largely within the confines of Rountree's R-unit, uses a combination of a 'therapeutic community mode'" and a more traditional 'mental health, cognitive behavioral model,' said Linda Perez, executive director of Pajaro Valley Prevention and Student Assistance, the agency that serves as the program's primary treatment provider. 'That means that half of our staff are mental health professionals, who have master's degrees and are certified counselors, while the other half are people who bring life experiences to the program - people who may have struggled with their own addictions in the past or been in similar situations.'"

(14) A very positive article about the West Central Community Correctional Facility in Marysville - one of Ohio's 18 community-based correctional facilities, where nonviolent felony offenders participate in a rehabilitation program instead of just serving time in a cellblock - notes that 80% of those who enter the 6-month or so program complete it, and of those who do, only 24 percent commit a crime that sends them back to prison, compared with 40 percent or higher for prison. The state regards it as cheaper than prison - in 2002, **Ohio** spent $53 million to operate the 18 community-based facilities, while the cost of keeping the same number of offenders in prison would have been $87 million; which protected the community-based corrections facilities from being hurt too deeply by the state's budget crisis.

The article brings out the two sides of the therapeutic community: "The highly structured side of the program is shown…in the detailed flow chart written on one wall that shows who belongs in which work crew and who reports to whom, in the way the whole group sometimes will stand at attention and chant "Yes, sir" in unison, in the daily recitation of the West Central philosophy, in the careful stacking of chairs on tables on spotless floors and in the way everyone moves quickly and efficiently from one activity to the next….But while the program has a definite structure, the residents also have to take responsibility for how the program works. They are expected to monitor themselves and one another. For instance, a resident who feels himself getting angry can take a break to sit on a special

bench, where he is left alone and doesn't talk. A resident who sees another breaking rules or messing up is expected to confront his errant comrade, although in a prescribed, controlled way. The two residents face each other, with hands clasped behind their backs, while the one resident tells the other how he has broken the rules. The second resident thanks the first, promises to work on raising his awareness and the two shake hands. Residents also can write "pull-ups" and "push-ups," written comments that either pull another man out of a bad behavior or give a verbal reward (a "push-up") for acting constructively."

"Most people who are incarcerated haven't learned anything from that incarceration except how to survive that experience," Anderson said. "The therapeutic ethic is all about learning to live appropriately in the world. These men are in an environment where they are practicing this every minute they're awake."

Democratic/other therapeutic community briefs

(15) Athma Shakti Vidyalaya in Bangalore, **India** (see Joint Newsletter 9, p. 72, and below, page xx), is given good publicity in the Chandigarh Tribune, because of plans, if the funds can be raised, to open a new Athma Shakti Vidyalaya in Chandigarh. "Since more than 50 per cent of the patients coming to us at Bangalore are from the northern region, (according to the 'man behind the unique concept, a Canadian priest, Father Hank Nunn')…we have been getting a lot of requests to have a similar set up here in the city." The site for the institute had been identified, and "The ball has already been set rolling for setting up of the North Zone Athma Shakti Vidyalaya in the city," but according to the reports the costs will only be met if liberal donations are received. Father Hank and Dr Saudamini Bambah are named as patrons of the North Zone Association, with Mrs. Neelam Laul as president, Lt Gen Baldev Randhawa as senior vice-president, Mrs Meenakshi Mohendru as vice-president, and Col A.K. Mehndiratta as the secretary.

16) Gould Farm, the 90-year old Monterey, **Massachusetts** farm-based program serving people with long-term mental illness, is in the news because of planning applications to build two new residential buildings on the 650 acre campus - a 19-bed dormitory to be called "Orchard House," and a four-unit staff apartment, with a total of six bedrooms - , as part of an overall capital improvement plan being financed by a $2 million loan from the U.S. Department of Agriculture's rural development department and additional private funds raised by the farm's board of directors. Work is to include renovations to the 200-year-old main house, "improved housing for guests and staff, a new well, a waste-water treatment facility and general improvements to other buildings on the property."

"Founded early in the last century as a therapeutic community for the mentally ill…Gould Farm presently has 40 resident "guests," and also employs about 40 staff members, many of whom live at the farm with their families…Gould Farm's guests, who stay for months at a time, work daily in the operation of Gould Farm, which produces a range of agricultural products, or they work in running the Roadside Store on Route 23. While living and working at the farm, guests receive counseling and other treatment for their mental illnesses." The new buildings do not reflect an increase in the number of guests the farm will accommodate, but replace other housing considered inadequate and bring more off-site families onto the farm property.

(17) An article in the **Birmingham** (**UK**) *Evening Mail* deals with the vulnerable position of the Henderson group of therapeutic communities (see Correspondence, page 5), quoting Main House's Fiona McGruer, a senior mental health nurse at the centre, as saying "Mental health services have nowhere else to send people with these problems in the West Midlands, and if we close, these people will be left coping with their disorders in the community. Personality disorders are not popular or seen as a priority on a local level, so money may go more towards things like hip replacements if funding is devolved." From which the article concludes "Dangerous patients could be left to fend for themselves without treatment if Government plans get the go-ahead."

(18) Two communities come together in a report from Youngstown, **Ohio**, which begins "Refrigeration for most people is taken for granted, but for the Millers and many other Amish families, it is a process steeped in tradition, hard work, camaraderie and often frigid weather….By 10 a.m. Saturday, 57-year-old John Miller was sitting atop a hay wagon alongside a pond on the Hopewell property in Mesopotamia Township, Trumbull County. Three generations of Miller men were standing on the ice-covered pond….One of the men took a chain saw and cut long slits into the ice. The slits were removed from the pond and cut into smaller sections of

about two square feet. Those squares were then loaded onto the horse-drawn wagon from which John Miller watched his five sons and grandson work…the family takes the ice to an insulated icehouse, where it is covered in snow. Another layer of cut ice is laid on top of the first layer and also covered in snow. Miller said the large cubes of ice will last until next winter... "It would probably be easier to buy ice during the summer or have it delivered by an ice service," according to Miller. "Buying ice, however, is more expensive and does not offer the same personal satisfaction as the age-old tradition of cutting and gathering the ice…When you take that chunk of ice out of the icehouse this summer, you can say, 'This is something that God made last winter,'" he said. "That is a greater satisfaction to me." "Robert Sawers, executive director of Hopewell — a therapeutic community for those with mental illness who are preparing for more self-reliant living - said the Millers are welcomed to the property, because John Miller has farmed and cared for the land for at least the past two decades. Miller farmed the land before the current owners took possession."

(1) WHY do drug syndicates thrive?
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http://www.abs-cbnnews.com/NewsStory.aspx?section=Opinion&OID=41163

(2) WOMAN charged with theft of public benefits to face bench trial
Green Forest Tribune - Green Forest, AR, USA
<http://www.greenforesttribune.com/articles/2004/02/11/news/star4.txt>

(3) OKLAHOMANS volunteer time to serve others on Christmas
KOTV, OK
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(4) ANNABELLE 's angel is her grandmother
IdahoStatesman.com - ID,USA
<http://www.idahostatesman.com/Story.asp?ID=63126>

(5) BUCKS keeps state inmates, foots bill
Philadelphia Inquirer - Philadelphia,PA,USA
<http://www.philly.com/mld/inquirer/news/local/8034302.htm>

6) PROBATION rolls and violations rising
Allentown Morning Call - Allentown,PA,USA
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(7) 18-YEAR-OLD gets no sympathy in complaints about prison
Roanoke Times - Roanoke,VA,USA
<http://www.roanoke.com/roatimes/news/story163748.html>

(8) FORMER Navy SEAL fights deporting of adopted son
Virginian Pilot, VA
<http://home.hamptonroads.com/stories/story.cfm?story=64222&ran=79657>

(9) MINIMUM-SECURITY prisons bulging
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(10) METH maker receives reduced sentence
Kansas City Star - Kansas City,MO,USA
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(11) TRUE 'Blue' portrayals of recovery
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(13) OF THE REGISTER-PAJARONIAN
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<http://www.zwire.com/news/newsstory.cfm?newsid=10776621&title=%3Cp%3E'Safe'%20program%20offers%20inmates%20last%20chance&BRD=1197&PAG=461&CATNAME=Top%20Stories&CATEGORYID=410>

(14) Making amends
Springfield News Sun, OH
<http://www.springfieldnewssun.com/news/newsfd/auto/feed/news/2003/11/29/1070164697.20005.8326.0708.html>

(15) Ray of hope for mentally challenged
The Chandigarh Tribune News Service
http://www.tribuneindia.com/2003/20030602/cth3.htm

(16) GOULD Farm seeks OK to add residential units
Berkshire Eagle, MA
<http://www.berkshireeagle.com/Stories/0,1413,101~7516~1866876,00.html>

(17) DANGER to the public
ic Birmingham.co.uk - Birmingham,UK
<http://icbirmingham.icnetwork.co.uk/0100news/0100localnews/content_objectid=14040601_method=full_siteid=50002_headline=-Danger-to-the-public-name_page.html>

(18) Enough ice for a year
The Vindicator, Youngstown, OH
<http://www.vindy.com/local_news/44762292209030.php>

"BETWEEN YOU AND ME"

Chris Nicholson leaves Jacques Hall, slowly……..and in reflection

When I arrived at Manningtree station for my interview at Jacques Hall six years ago I was met by the (then) Head of Therapeutic Care, Tim Rodwell. Tim had been kind enough to invite me to the first Jacques Hall conference a few weeks before. Here I learned a little about what was unique in a Therapeutic Community. I was interested to find that when a child told Chris Tanner, then the Head of Education, that he was going to abscond and nothing he could do would stop him, Chris just absconded with him. I also liked what I heard about how children could 'own' a window and be responsible for 'its maintenance and repair'. It dawned on me (very slowly) that the window and the child were connected, and what happened to the one reflected the other. At the children's home I was working in no such thinking occurred. Might was met with might. Comparing the children's home I worked at to Jacques Hall was like comparing boxing with Tai Chi.

We arrived at the Hall. WOW. What a magnificent place. Built in 1834. Formerly owned by a sea hero captain and his painter wife. Formerly a horse and cart stop for carriage to London. 17th Century Tithe Barn for a school building. Mentioned in the Domesday Book, with its own cemetery (and own eerie pet cemetery). Estuary glowing bluely behind. All surrounded by farm and woodland, 16 acres of greenbelt.

Two things stand out in my memory from that initial visit:

First, I was shown around the community by a confident, efficient fifteen-year-old girl. Seeing me look utterly confused as we turned *another* bend into *another* corridor she reassured me: 'Don't worry, you get used to it.' This was helpful. To 'get used to it' suggested I *might* get through the interview; this hadn't occurred to me! The sense of disorientation I felt touring the community was also to be of great help over the following years, as I was to show hundreds of people around, both old and young.

Second, it had been a busy day. Tim had been left with the job of washing up. As we were still talking, I followed him into the kitchen, and as he got stuck into dishes I felt compelled to help by tackling what seemed like an insurmountable pile of plates, bowls and cutlery. So, this was how it was to be, then. That's what they meant by *community*!

I started as a support worker and began by playing a lot of basketball, table-tennis, football, hide-and-seek and - guess what - doing a lot of washing up! These were good times. Despite their so-called distrust of authority and oppositional defiance, children seem to have an inbuilt respect for the rules of any game. Thus, games become a way for furthering the socio-therapeutic process. The most isolated child can be draw into a game and, sometimes for the first time, be seen in a different light by his peers. The increasingly violent bully can begin to see that his team-mates might help to further *his* aims and increase *his* self-esteem if he can slowly learn to support rather than criticise and bully them.

My first support role was helping in school with children who needed one-to-one assistance. I was astounded at how quickly the children sought to make a kind of bond, how 'doing things together' was always special, without being 'special'.

One evening, weeks later, one of the boys made a racist comment to an Asian girl. I began, reasonably enough, to challenge this. The boy responded aggressively, and I found myself feeling quite threatened. This was the first time I had left my passive supporting role: I should have expected a reaction. However, I became aware of the presence of other staff members who appeared somehow, without seeming to intrude. I felt supported and so, finally, did the young person. That same young person, six months later, made me a rocking chair. No, I'm not sitting on the chair as I write. Life isn't quite that tidy.

I went on to become one of three team leaders. These posts are, in hindsight, the most challenging within the community. More so than either front-line staff or senior management. They are also the posts that afford one the greatest capacity to have a positive effect upon the therapeutic running and ethos: Responsible *to* a management team, responsible *for* a team of community workers, managing a key area (mine was the 28-day assessment process) and additionally key-working children, 'holding' the community meetings and generally being where the buck stops when it is thrown up fatalistically.

These kinds of middle-management positions are incredibly hard. I found it difficult, and only did it for about a year. Front line staff do not often carry letters after their names, but they certainly deserve a couple in front of them because this is work for saints. I doff my hat to the halos of those who do this work

year in and year out. They will never get the recognition they deserve - the status and the pay for this work will never have much to do with cash – but the children *will* remember, and become adults who remember.

In helping children and staff through the 28-day assessment period I learned about ambivalence and the importance of not second-guessing what children wanted. Advocacy had nothing to do with speaking on behalf of a child. It had everything to do with waiting with them until their own voice emerged.

Although every child decided to join the community and *no* admissions were made during my time against a child's wishes, many children struggled to accept being 'in care' and often vocalised wanting to leave during their first month. Some staff would (perhaps identifying, in the child, their own desire to escape from their self-chosen but terribly difficult task) give *too much* support to the child. They seemed to take the child's assertions as truth, as signs of developing agency, rather than overwhelmingly ambivalent feelings from which they sought to escape. The word 'escape' takes its origin from the Latin *excappare*, meaning to get out of one's coat and be free. Wouldn't that be nice? Unfortunately, until we have made for ourselves a new set of suitable and practical clothes instead, we have to accept the coat we've been given .

Despite the social, and increasingly legal, credence given to children's desire for participation, self-advocacy and self-determinism, children who are abused, often regressed, and in all kinds of ways 'disordered' require involved adults to manage their own authority in order to provide a corrective experience: Children who have only ever been held with malicious intent inevitably perceive our benign holding as similarly malicious. Those closet authoritarians who mouth politically correct notions *do* seem somewhat sensitive to that projection. But *that's* where the buck stops, because when self-determination means going to live in a bed-sit in Hackey at 15yrs, or leaving to continue in an abusive relationship, then post-modern/authoritarian-based non-authoritarian thinking is just not 'good enough' for the individual child.

What *is* good enough? Kafka wrote a story called <u>*The Hunger Artist*</u> which reminds me of many young people I have met at Jacques, and of what their view of childcare services might be. The hunger artist is a professional faster, who is paid to sit in a cage for forty days in full view of the public. He is assigned a number of permanent watchers, whose job it is to ensure that he doesn't eat. But soon the public go off in search of more exciting spectacles, and he has to find work with a circus. Neglected more and more, one day a workmen looks into the cage to find nothing in it but dirty straw. He pokes around and is amazed to discover the hunger artist. He tells the artist how he admires his fasting, but the hunger artist replies, 'But you shouldn't admire it because I have to fast. I can't help it because I can't find the food that I liked. If I found it, believe me, I should have made no fuss and stuffed myself like you or anyone else.'

My final role at Jacques has been as Admissions and Assessment Officer, which has also included marketing and PR tasks - which, I maintain, are crucial for the growth and survival of the Therapeutic Community - (let's not say 'movement'; *movements* all die, rather) - way of life. I have slowly come to see this work in terms of <u>*reception*</u> and <u>*admission*</u>. In other words, it is about what we can receive into ourselves and our communities, and what we can allow ourselves to admit. To do this work we have to admit painful experiences into our daily lives, and we have to admit our limitations. Which leads to:

LANGUAGE AND ABUSE: Leaving thoughts of an Admissions and Assessment Officer

I have found the role of Admissions and Assessment utterly fascinating, but very disturbing and painful.

Over the last four years I have read about three hundred and forty case histories, and heard many more over the phone. It took about a year before I could begin to make more than a superficial assessment of a child's life-history. *The organisational defences can start right here,* at the point of receiving an enquiry from a social worker: It's easy to say, for example, that our community doesn't admit children who exhibit excessive violence, or who raise fires, or who have learning difficulties, or who regularly abscond.

But what do these terms actually amount to? What does the language we use actually do?

Trace any traumatised child's history back and we eventually arrive at the point when a woman was carrying a baby. From that point onwards the narrative is about how the child's identity develops, through a series of complex interactions, punctuated by brutal experiences. At each point in the narrative one can ask: "What is the context for that event, what was the effect of this?"

The aggressive child, for example. The spectrum of aggressive violence seems to run between *defence* and *offence*. How did the child begin at one end and progress towards the other? Could it have been

different? Have professionals' responses to the child colluded with the growth of a violent identity - or have they left room for other possible identities? If a boy hits me, for example, I *could* say "You are a violent boy," and thereby enclose him within an identity which might not, before then, have been fixed. Or I could say, "*You are an angry boy;*" - opening to him (and to me) another possibility, and hope, in thinking about *why* he is angry.

In reading a case history we can ask whether doors have been opened in this child, or closed: And if they have been closed, is it possible that they could be safely pulled ajar again, given time and containment?

Example: Reports about a boy say he is a regular fire raiser. A psychiatric report confirms this, reporting an incident in which he burned down a barn and another in which he set a car alight. As well as the psychiatric report there are other reported incidents of fire raising: lighting of a few socks and bits of paper in his bedroom. Such a child appears to be developing a dangerous *modus operandi*; he is clearly a massive risk to a residential setting.

But is he?

Other reports note that when he was an infant the boy witnessed a fire in which two children were killed. He also suffered a scalding through early neglect. Upon further enquiry we discover that there are no incident reports on file for the barn and car fires - no police reports, and no witnesses. Could it be that this child carries unprocessed fears about fire and burning, therefore brags to his psychiatrist about burning things down, who then dutifully records this information, which equally dutifully goes on file and is sent out to every unit from which the boy's social worker seeks a placement?

By accepting as fact and on face value what is only a developing fiction in a traumatised child's mind, a false identity can be formed. Ian Hacking, a philosopher of science, calls this the 'looping effect': People classified in a particular way begin to conform and grow into the way they are described. Thus I become suspicious of the language we use. I become suspicious of our complacency.

ADHD, encopresis, conduct disorder, complacency, and hope

As a learning Admissions and Assessment Officer, reading countless reports, I discovered that many mistreated children developed 'conduct disorders' and ADHD, were anti-social, and oppositional, but were, nevertheless, completely free of mental health problems. Interesting.

Colleagues decried the term 'conduct disorder'as theoretically shaky, and reading the list of criteria for diagnosis I could agree - the whole description was a tautology. According to the diagnostic criteria, children are appropriately diagnosed with 'conduct disorder' if their behaviour is disordered in a number of ways. *That* is a closed system. Apart from the fact that children *are* like that. This depressing approach is strengthened by hundreds of Statements of Educational Needs which focus upon the child's *emotional and behavioural difficulties.* If *A* is said to *have* such and such a problem, then *A* comes to *be* the root and cause of that problem. And yet, I have never, after four years, read a single case history where the child was, strictly speaking, a delinquent. After digging into the history, the dirt (or mistreatment of children) was always found just under the surface.

I'll come back to 'conduct disorder' in a moment. But I have specific axes to grind about ADHD and encopresis, which seem to me to be socially constructed terms with much - particularly in the case of 'ADHD' - riding on them.

There may be thoughtful and good research into the biological roots of ADHD; but to my mind, it's far too early in the game to be drawing grand conclusions. It is manifestly the case that children with ADHD can change and adapt within a social context - and usually (surprise) in line with their developing sense of being well-regarded and thought about. Like the social equivalent of a contraceptive jelly their behaviour seems designed to place a barrier between themselves and intimacy.The noise and busyness of children with ADHD at Jacques Hall was about avoiding the experience of self-relation, and of relation with others, because it was simply too painful. Like those who abuse solvents or alcohol because of the need to 'get out of their mind'.

The biological roots of encopresis are better illustrated in research, and treatments with this in mind can be helpful, and at their best liberating. But even here it is important to admit the social. Responses we've had at Jacques from paediatricians and psychiatrists to children with this profoundly upsetting difficulty have ranged from the assertion that the child is 'just lazy' to detailed behavioural treatment programmes. What has struck me, however, is the way that encopresis appears to structure and characterise a child's relationship with both peers and *carers*. On the one hand, the powerful odour calls attention to a child, while on the other it keeps people at bay, keeps them away from the child. It forces you as the carer to notice and pay attention, but also ensures that the attention given is specific: This can be 'special' attention - e.g., kind, caring and individual; but it can also be negative, an irritable or destructive counter-

transference, for example.

In brief, the increasing medicalisation of behaviours classed as abnormal seems to focus responsibility upon the individual, and abrogates atention to what are often abnormal family or social contexts from which these behaviours might (alternatively) be seen to spring. Therapeutic Communities must continue to resist this pressure and do better at communicating their distinctive viewpoint.

But, surprisingly, the 'conduct disorder' term began to take on a more helpful meaning for me: So, children's emotions and behaviours *became* disordered....That meant that one could trace back from the disorder *now* presented to the *root* disordering experience: The child to whom you say good morning to with a smile, and who retaliates with 'f*** you', has formed an early association between affection and threat from one or other parental figure, in whom such ambivalence was very real. The contradictory role of the parent has been hardwired into the child's brain. The child's view is *not* distorted; it is based upon empirical fact. *This* happened. They *learned* it. The problem is that they are no longer in an abusive situation, and are ill-equipped to deal with the normal relationships we seek to engage them in through treatment. *We* in fact, turn out to be *their* problem. *They* are not ours!

Poetry, horror, literature

Case histories can sometimes be horrifying and fatalistic. A chronology is a painful thing to read. One can see the whole system conspiring to neglect a child who is living in unbearable circumstances.

> Children, who cannot stay with mum and dad, as they would be at risk, are sent to grandparents, who mistreated their own children years before.
>
> Long drawn out meetings occur where the emphasis seems to be laid upon whether or not the child is placed on the Child Protection Register, rather than upon what level of family support is required.
>
> Professionals seem to pretend to manage. They keep a brave face, and say that it will be all right. They make visits, offer support, write detailed reports, and attend long meetings (where everything is written down in cold facts – so that our children's children's children can one day read them and know that we, too, were a barbaric people).

Yet the conspiracy that it will be all right continues. And like the denial of the Wright brothers' ability to fly while they *were* flying, the conspiracy continues in the face of it *not* being all right. The results of a child protection case conference *can* be doctored, and a decision *can* be made to let the children return to their family, despite good and consistent evidence arguing against this. Why? Because the latest spending review demands it. Everyone knows that this is wrong. And here we come back to where the buck stops.

In the beginning there were many aspects of children's case histories that I simply couldn't fathom. Why does a boy drown a puppy in a lobster pool? Why does another boy pick up a spider and put it in his mouth in front of his psychiatrist? Why does a girl listen to a music track over and over, trying desperately to get the dance moves right again and again to the point of exhaustion? These instances made my mind buckle. I just didn't have the knowledge or training to comprehend. Training in assessment is scarce outside of psychiatry, and yet managers of children's homes and communities routinely make assessments! This seems to me a dangerous situation - not only for young people, but also for the staff who work with them.

Eventually, I began to see an analogy between the novel and a case history. Both were forms of biography. Both had a kind of surface plot, beneath which an underlying narrative of an entirely different, symbolic kind existed. Perhaps there was less distinction between real life and fiction than I had supposed. Apparently, the words 'fact' and 'fiction' share a common etymological root in the Latin *facere*: "to make". From the position of literature, then, what sense might these behaviours 'make'? Perhaps the boy drowns his own innocence in the lobster pool, kills the victim in himself. Perhaps the spider in the boy's mouth says that his words are too venomous, or are caught up in a cruel web of family secrecy. Maybe the girl's dancing re-enacts an experience of emotional abuse, which she needs to master but cannot.

Once, a social worker described a case about which she was embarrassed. A woman, the mother of two children, had a job as a pest control officer. For some reason this woman stopped cleaning her house. The pets - several cats and a dog - were not taken out. Food was not discarded. Bins were not emptied. No one outside of the home noticed for a long time. The mother and her children continued life as normal, going out to work and school, but returning each night to a house that slowly became infested with blue bottles, so that the house was filled with the constant din of humming.

The woman had mental health difficulties that were exacerbated when her husband left the home months

earlier under strain. Perhaps, while his stabilising influence was present in the house she was able to keep her sanity in check by going out to work and exterminating, outside of herself, the growth of these noisy insects - and by analogy (probably unconsciously) was able to contain her own mental chaos. But when he left and took that stabilising influence away...

As the social worker described all this over the phone, her voice was uneasy. When the situation was finally discovered, she said, and they went to the house, the experience was strange. Apologising for the oddness of her statement, she could only describe the experience by saying that 'the *house* felt abused'. I had read a similar case years before, in which a house actually sinks physically under the weight of the inhabitant's depravity. But that description was from *Little Dorrit* by Charles Dickens.

Going to visit a family in a London Borough I read the referral papers over on the train. The parents were stuck in a sadistic, sexually violent relationship, which they kept trying to end but were compelled to return to. The children suffered from a variety of ills spilling out of this situation. Arriving at the house, I could identify individuals from the reports before being introduced. The father was outside working on the mother's car. I shook his hand. It was greasy. He said he wasn't allowed inside, and seemed bitterly jealous of my privilege. As I crossed the threshold at the side entrance I was overcome by a pungent and pervasive smell. The mother explained that the sewer was blocked, and had kept getting blocked, so that finally they had given up trying to get it fixed. The stench, to me, was unbearable, yet they were living with it day in and day out. What was the cause of this stench: a blocked sewer, or a psychological blockage?

The poem below, 'The Cycle of Horror' comes from the experience of taking in case histories. Eventually the sense of contamination is palpable.

The Cycle Of Horror

All I see is sickly horror!
Father son, sister mother,
Down to Sodom and Gomorrah
Turns the cycle, turns the horror.

If the man's red fist should strike
The wife shall treat the boy with like,
For trauma touches more than skin,
With trauma death seeps in.

And death forecloses on the future,
Death disgorges all the past,
Death engenders deadly moment
With hate enough to last.

All I see is minor murder,
Better to have killed outright
Than give nightmare to the daytime
As children cannot sleep at night.

If the boy grows up to steal
Or beat his wife, or lie or kill
Should he carry all the blame
Or would you enact the same?

The boy loves his mum and dad
While hating love he never had,
The only care he could let in
Went through the bruising on his skin.

Turns the cycle, turns the horror,
Down to Sodom and Gomorrah,
Father son, sister mother,
All I see is sickly horror.

The children who actually came to Jacques Hall, however, who walked out of these case histories like walking out of the wreckage of a car crash, never left me with the same sense of horror. In fact, they filled me with hope.

Greater than the sum...

Children's behaviours, sometimes even at their most extreme, do seem to be adaptive, as ways of communicating or processing traumatic events. The very behaviours which young people exhibit, and for which society excludes and removes them to 'secure' environments (though rarely for periods long enough for that security to be internalised and sustained), seem to be of the very same order. No behaviour is senseless and mindless, once we know what has happened to the mind that engages in it. In the same way that if I drop a hammer on my foot, when I cry out I cry out *against* the pain, children's outrageous behaviour cries out against their outrageous treatment. Many children appear to have a terrible bravery. Their continued, brave capacity to cry out gives me hope.

Community meetings at Jacques provided an opportunity for children to cry out. These meeting were a picture in little of what was occurring at large within the community. Whether through disruptive acts or noise designed to fragment these meetings, curtailing their movement from chaos toward order, or attempts to manipulate and subvert them into familiar and abusive social patterns, the process could always be adaptive and redirected – even if going forward meant first going back and often getting lost and going nowhere. I was, then, always profoundly shocked when a child, after a considerable time with

us, and without pre-indication, used a meeting to describe her life history in a meaningful narrative. Community meetings can be like listening to a familiar song, but with the chorus cut out of the sequence. Sometimes, though, on rare occasions, without verses one or two, a young person would throw out their chorus powerfully for all to hear.

At that stage Jacques Hall worked with a large group of twenty-one children. Because of its size it felt very like a practise community, in which children could have an approximate but relatively safe experience of interacting on the scale of normal society. Thus, when the children and adults all came together, it was like Greek theatre. The individual stories and experiences gained much greater significance in this setting, and the abreaction and catharsis were amplified. Being a part of these meetings was incredibly moving and finally vivifying. I don't know if the same enriching profundity can be achieved in a small group.

Some of my favourite experiences have been organising community events, such as the Jacques Hall Summer Fetes, Conferences, last year's Reunion, and of course, helping Craig and Kevin with the newsletter (which I intend to keep on doing). Such events and the newsletter take a lot of individual work, but depend squarely upon the contributions of others. Somehow, as momentum builds, though, these projects begin to run themselves, and always develop into something greater than the sum of their parts.

That is what a therapeutic community is: an arrangement of people, whether adults or children or both, into such a co-determinant social context that they become greater and more powerful than the sum of their parts. They are, therefore, wonderful entities to belong to, and terrible entities to leave.

So, I am leaving Jacques Hall. After an engaging six years I will be joining the Colchester MIND Adolescent Project and helping to develop a service to support local children. My time at Jacques was vivifying, terrifying, death-defying, and life-enhancing. Thanks to everyone I have worked with, both at Jacques and within Charterhouse. It's been a ball.

My last day happens to be the 28th May, the day of the 7th annual Jacques Hall conference (details of which are elsewhere in this edition). Do come along and say goodbye. Otherwise, I can be contacted on 01206 303637 or *via* email: chris@nicc04.fsnet.co.uk

The poem below reflects a more personal revelation which has come from being involved (drawn into) the work.

Shadows

Surrender shadows to the green summer,
Remember ever to turn and throw
Storms over a winter father,
Rain upon dark snow.
Vanish mother, hurry, go,
Not as love yet like her star,
Vivid in the second's glow,
Further than a rivers' far.

She is gone; I peel away
Layers of the aging dust,
And find a face that isn't wrong
Whose eyes of sleep are beauties must.
For deep inside a child's dreams,
Fathomless of all to come, are
Shadows in the summer's green
That never lost are never won,
Like visions of an ageless sun
Which fathers never shall outrun.

Chris Nicholson

Lord Listowel, John Cross, and Peter Wilson in discussion; Linnet McMahon in the background

Lord Listowel Visits Centre

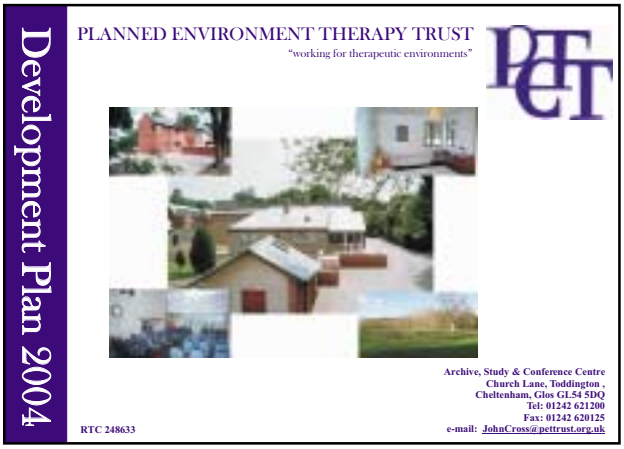
becomes Patron of Appeal

Francis, 5th Earl of Listowel, Treasurer of the All Party Parliamentary Group for Children, and member of the All Party Parliamentary Group for Mental Health, joined other Patrons of the Appeal, Trustees, friends, and members of the PETT team on April 16th to explore the Archive, Study and Conference Centre facilities, and to discuss their importance and the contribution they can make to the social, emotional, and mental health and well-being of Britain's children.

Lord Listowel was welcomed by Trust Chairman John Cross, and spoke of his experiences working with youth on London housing estates, as a volunteer in a Centrepoint hostel for newly homeless young men aged 16-23, among asylum-seeking young people, and young people leaving care. Others sharing their views and experience were Trustees Helen Frye, Alan Fox, Jon Broad and Cynthia Cross, and fellow Appeal Patrons Marion Bennathan, Dr. Linnet McMahon, Simon Rodway, Dr. Mel Sabshin and Dr. Stuart Whiteley, Peter Wilson, and the Director of the Appeal, Robin Briars.

Appeal Brochure Launched

Designed by PETT and Barns House Friend member John Moorhouse, the Appeal 2004 brochure is hot off the presses, and going into envelopes. "We've previously written to a great many friends asking for help, and have had an encouraging and creative response," said Trust Chairman John Cross. "Several have added the Trust to their wills, for example, and we have had a four year covenant of £5 per month - which adds up to a surprising and welcome £240. We've had gift-aided donations from £10 and higher; and having a signed gift aid form of course increases the value of the donation - your £100 gift brings an additional £28 from the government. With the brochure in hand we can now seek help more widely, and advance even more quickly towards our immediate goal of £550,000. It has been a heartening start - but there is still a long way to go!"



John Cross, in the Foreword of the new Brochure, writes:

I have been grateful for the opportunity of holding the office of Honorary Executive Chairman of the Planned Environment Therapy Trust during this period of the Trust's radical growth and development. My own experience over many years of working with young offenders and seriously emotionally and psychologically disturbed children and young people, and as a magistrate and one- time Vice- Chairman of a probation committee, has continually convinced me of the importance of specialised therapeutic environments.

Some of today's most difficult social problems involve people with severe personality and other psychological disorders and these are the people that therapeutic communities can really help. They include persistent offenders, severely disturbed children and young people, adolescents prone to suicide and self- harm, adults with complex psychiatric problems, and others with chronic alcohol or drug dependency. Our city streets are a testimony to the need for action.

The Trust's Archive, Study and Conference Centre is a resource and support service potentially for all the many therapeutic communities which now exist in the UK. It offers facilities for education and training, conferences and research. Such is the demand for our services that we are now woefully short of space and staff. Without further developments we cannot begin to fulfil our potential and that potential, when it becomes reality, will be of considerable value in the ongoing struggle against emotional and psychological disorders and mental illness. Our financial situation prohibits us from carrying out the proposals described in this brochure unless we appeal.

I urge you to read all of the pages which follow and if you possibly can do so support us financially.

Patrons of the Appeal

The Earl of Listowel Treasurer, All Party Parliamentary Group for Children

Lord Alderdice of Knock Former Speaker, Northern Ireland Assembly, Consultant Psychotherapist;

Dame Fiona Caldicott Principal, Somerville College, Oxford, former President, Royal College of Psychiatrists;

The Hon. Lady Cordelia Vanneck Former Lady Mayoress of London, former Chair, Child Guidance Trust;

Lady Marie Stubbs Author, "Head of the Class", temporary head of the late Philip Lawrence's school, Maida Vale, London;

Marion Bennathan Director, Nurture Network, former Chairman Association of Workers for Children with Emotional and Behavioural Difficulties;

Dr. Joseph Berke Author, Founder, Arbours Association and Arbours Crisis Centre;

Connie Booth Actress, author and psychotherapist;

Maurice Bridgeland Author, "Pioneer Work with Maladjusted Children", Therapist;

Dennie Briggs Clinical Psychologist, therapeutic community pioneer, author, Biographer of Maxwell Jones;

Prof. Dr. Eric Broekaert Chair, Dept. of Orthopedagogics, Ghent University, Belgium;

Dr. David Clark Author, Former Director, Fulbourn Hospital. First Chair, Association of Therapeutic Communities;

Dr. Richard Crocket Founding Director, Ingrebourne Centre;

Professor John Davis, MD, FRCP One time Professor of Paediatrics in the Universities of Manchester and Cambridge, Trustee of the Child Psychotherapy Trust and the Squiggle Foundation;

Dr. Lawrence Friedman Professor of History, Indiana University, Award winning biographer;

Dr. Michael Gorman Professor of Technology Culture & Communication, University of Virginia;

Dr. Rex Haigh Consultant Psychiatrist, Chairman, Association of Therapeutic Communities;

Dr. R. D. Hinshelwood Author, Professor of Psychoanalysis, University of Essex;

Chris Jones (Mrs. Maxwell Jones) Sculptor, Artist;

Nigel Jones, M. P. Member of Parliament for Cheltenham;

Joel Kanter Author, "Face to Face with Children: The life and work of Clare Winnicott", Senior Clinical Social Worker;

Harry Karnac Founder, Karnac Books;

David Kennard Author, "An Introduction to Therapeutic Communities", Director, the Tuke Centre, the Retreat, York;

Jessica Kingsley Publisher, Jessica Kingsley Publications;

Dr. Linnet McMahon Course Leader, MA in Therapeutic Child Care, University of Reading, Author, "The Handbook of Play Therapy";

Dr. Roland Meighan Writer, publisher and broadcaster, Director, Centre for Personalised Education Trust, Author, "A Sociology of Educating";

Professor Roy Niblett Professor Emeritus of Education, University of London;

Dr. Malcolm Pines Founder member of Institute of Group Analysis, former President International Association of Psychotherapy, editor and author;

Roy Prideaux, MA. HM Inspector of Schools (HFE) Retired, founding Principal of the Malawi Polytechnic

Tom Robinson Singer, songwriter and BBC radio presenter;

Simon Rodway O. B. E. Former Director of Social Services, LB Merton, former Chairman, Charterhouse Group of Therapeutic Communities;

Prof. Mel Sabshin: Former Medical Director, American Psychiatric Association, Responsible for the revision of D. S. M. III- IV

Prof. Andrew Sim Consultant Surgeon & Medical Director, Western Isles Hospital;

Mrs. Vicky Tuck, B. A., M. A., M. I. L. Principal, Cheltenham Ladies College;

Adrian Ward Director of MA/ DipSW Programme, University of East Anglia, editor Therapeutic Communities Journal, author/ editor "Therapeutic Communities for Children"

Dr. Stuart Whiteley Former Director, Henderson Hospital, former Secretary, International Association of Group Analysis;

Peter Wilson Director, Young Minds, child psychotherapist;

Robert Young Author and broadcaster, Founder, Free Association Books, former Professor of Psychotherapy and Psychoanalytic Studies at Sheffield University.

"Patrons are people who believe in and sympathise with PETT's intentions...." Robin Briars, Appeal Director, Joint Newsletter 9, p. 20. If you would be interested in finding out more about what is involved in joining the Appeal as a Patron, or know someone you feel could help the Appeal in that way, please contact the Appeal Director at Appeal@pettrust.org.uk, or by writing to the Appeal Director, Barns Centre, Church Lane, Toddington, near Cheltenham, Glos. GL54 5DQ, UK. Thankyou!

"WATERSHED" WEEKEND SPENT AT CENTRE -
Group "re-found their collective commitment and creativity"...

The Oral History Society Committee recently chose the Archive, Study and Conference Centre as the venue for an intensive three-day working/reflecting weekend. The Society's Chair, Dr. Beth Thomas, Keeper in the Department of Social & Cultural History at the Museum of Welsh Life in the heart of Wales, commented "What a wonderful place to hold our away weekend. The accommodation was comfortable and spotless, the food absolutely delicious," with which organiser and Committee member Dr. Graham Smith of the University of Sheffield agreed: "The accommodation was excellent. Best of all (for me) was the food - brilliant." Joanna Bornat, Professor of Oral History in the School of Health and Social Welfare at The Open University spoke of the"attentiveness to all of us with our different needs" during "a wonderfully supported and facilitated weekend" during which, according to Dr. Smith, the group "re-found their collective commitment and creativity."

Members of the Oral History Society Committee enjoying the sunshine at the Centre

"They are a wonderful group of people," said archivist Craig Fees, who had been asked to act as Facilitator during the weekend, "and you can see why Oral History is in such a flourishing condition in this country. They had a significant and potentially very difficult transition to make, and they did it. They made it look easy. " Joanna Jansen, the Centre's Accommodation and Conference Manager, was there throughout the weekend, along with Trust Secretary Maureen Ward, ensuring that everything behind the scenes went smoothly. "It's a team effort," said Mrs. Jansen. "The dinner on Friday included cook Sheila Graham's home-made dessert, with fresh passion-fruit scooped out on top as her husband Martin waited patiently to take them to the tables. Sheila had ensured that there were fresh flowers from her garden on all the tables. Those joys must come across somehow to the people who come here." "Let's hope so!" said Mrs. Ward.

"We are celebrating fifteen years of the Archive and Study Centre," said Dr. Fees, "and it was good to have the Oral History Society Committee here, and using us in this way. What made it more interesting was the unexpected convergence of experience and concern: One member of the Committee had applied to be a teacher at Summerhill, and took off A.S. Neill to a T; she knew Peper Harow; another had been an art therapist at Claybury Hospital, where he had had a run-in with Elisabeth Shoenberg; another had been a psychiatric nurse in one of the old bins - Her stories reminded me of some of those told by Stuart Whiteley and Bertram Mandelbrote. It roots you in the importance of getting things right."

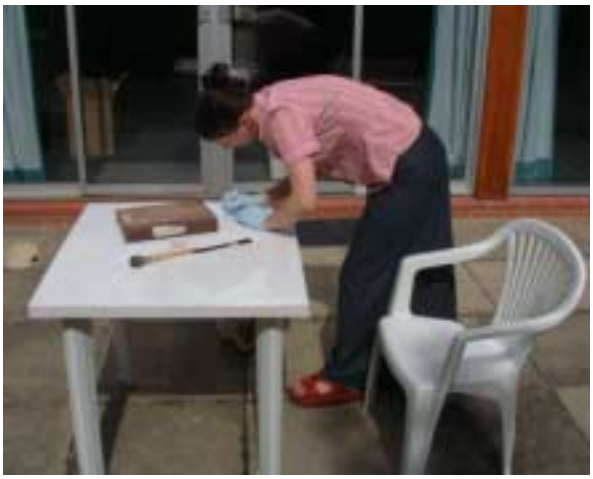
Prof. Bornat expressed her appreciation of "a retreat in such a peaceful (until we arrived) environment," adding: "I'll pass on the good news to whomever I can."

Anya Turner to Join Centre Team

Regular readers of the Archive and Study Centre pages of the *Newsletter* will remember Anya Turner, the art student turned volunteer whose article in Number 6, "Volunteer Work at the PETT Archive and Study Centre" (p. 24) characteristically opens "I was amazed and excited..."

"We were delighted when she agreed to join the Centre Team," said PETT Executive Chairman John Cross. "She is a find. It is a full-time position, and Anya will contribute substantially in all areas of the work here, from the office and administration, to helping with the Conference Centre, to working in the archives."

According to Anya, "I'm looking forward to doing work I'm interested in, amongst people I like, out in the lovely Cotswolds!"



Anya Turner as a volunteer, cleaning archives

"What is an archive for?" two pieces by the archivist, Craig Fees

1. *(Taken from an interview to be published, hopefully, in the next issue of the Newsletter, assuming we don't again run out of time. The interview begins with an innocent remark by the interviewer about the Latin tag "do ut possis dare" which has recently appeared in the Archive and Study Centre masthead, and translates roughly as "Give in order to make it possible (for the one given to) to give." The response leads through a tour of Craig's master's research on Medieval Theatre in Indo-European Context, by way of Dutch Indo-European scholar Jan Gonda, and the impact of Romano-Christian propagandists on the interpretation of non-Christian gift and sacrifice (from the generous and socially deeply rooted "do ut possis dare" to the self-serving and narrowly pragmatic "do ut des"), to arrive at a discussion of fund-raising, and the role of the Narodni Divadlo (National Theatre) in Prague…)*

…1974, I was living in the basement in Georgetown of a major Washington (D.C.) mental health lobbyist, Mike Gorman senior, who generously allowed me to stay there, and during the day I worked on the Senate side of the Capitol Building running an elevator, and for Sen. Magnusson in the Russell Senate Office Building answering constituent mail. My supervisor there was a splendid guy named Sam Spina, who gave me tremendous freedom. But on evenings and weekends I did things like run sound for a Shaw play at the American Conservatory Theater, and volunteer work at the Kennedy Arts Center. An amazing place to work: I was given free tickets to see a production designed by the Czech stage and lighting designer, Josef Svoboda (which means "freedom" in Czech, and given the effects he was able to achieve with light and space, and the time – this was several years after the Czech Spring, and many years before the Wall came down – very appropriate), who was already one of my heroes. Radio Prague had been *my* station on the shortwave radio during high school, and I may have dreamed this, but when we heard the tanks had rolled into Prague I rushed to my radio and heard – or think I heard - that last call for international intervention before the station went off the air. The National Theatre in Prague, and other buildings in that area, still had the bullet holes from the street fighting – because I went to Prague in 1975, after Washington, D.C., with the aim of finding the subject for my master's degree in theatre: Svoboda, or Czech puppet theatre, perhaps: It's a rich theatrical culture, of all kinds. So Czechoslovakia already meant something to me before I went to Prague. But one of the things I had learned was something about the power of belief and identity: The Narodni Divadlo is a huge, French-based temple to Czech national identity, right near the river, built during the Austro-Hungarian Empire from the small donations of Czech people: of those people – farmers, peasants, craftsmen, workers, professional people, business people – who lived within the Austro-Hungarian Empire, but felt themselves to be Czech, and felt themselves to be their own nation. Their thousands and thousands of small donations turned into this amazing 19th century stone symbol of national identity. And not just once: The theatre burned down, and those people raised their belief in themselves again, and subscribed again to build their theatre again. Belief and identity: It made the impossible possible not just once, but twice. Not a lesson to be forgotten. And, of course, the people with the sense of identity enough to do that, with the confidence of mutual belonging, and identity and belief in the future, became a nation which could carry out a velvet revolution.

2. from: **"The Archive and Study Centre and the Business Plan. Where do we want to be in twenty years' time?"** a paper presented to the Trustees of the Planned Environment Therapy Trust, 28 April 2004

When I describe the purpose of the Archive and Study Centre to people outside, and even when describing our approach to fellow archivists, I draw attention to the self, and to the role and nature of memory in being human. People readily understand from their own experience the consequences of Alzheimers and dementia, and can see what happens to refugees and others ripped away from living experience of their past. Those who work therapeutically with children or adults, or who know themselves introspectively, know what happens when memory becomes separated from its roots in ongoing experience, and destructive patterns are repeated, or new experience is inhibited or distorted, or the present becomes overwhelmed in memory, or in its fragmentation or inaccessibility. And people readily understand that the deeper and richer memory is, the more readily accessible and inter-connected it is, and the more fully and appropriately engaged with the processes of the present in containing the past and forecasting and realising the future, the healthier, fuller, and more creative a Self and a Society can become.

What the Archive and Study Centre aims to be, with the Conference Centre, is what a healthy memory is within a creative and healthy human being. We need to continue to create the depth and richness of the holdings; we need to improve and enhance their accessibility, and the connections among them and with experience held elsewhere; and we need to get them integrated, as dynamic partners, with people and organisations for whom the experience they contain will be valuable. That will conduce to healthier individuals and a healthier Society.

Recent Additions to the Research Library

Every book that comes into the Library – and every film, cassette or disk, for that matter – comes with a story. Neill Edwards, for example, heard Stephen Eliot speak about his experiences at the Orthogenic School and insisted we get a copy of his book, which led to an Internet search, which led to a small run of Bettelheim and milieu therapy related publications coming into the Library – Theron Raines' book, for example, led to Tom Wallace Lyon's novel. David Limond's query (p. 18 above) led to the Michael Duane book, as well as Die Befreiung des Kindes. Kate Maisey led us to Pilsdon Morning, a visit to the Archive from Annie Holloway about Forest School Camps prompted the discovery of John Hargrave's books, and led sideways to the film on the North American camping movement (think of Redl and Wineman), by way of the Grith Fyrd or "Peace Army" news reel. Chris Freudenberg introduced us to the world of Michael Sorensen, and Richard Grover's Intentional Communities of Attachment – an immediately evocative and useful term.

Whether through gift or information, the Library is a result of people who care. We don't have any magic knowledge or hidden funds we can draw on - our recent spate of orders from the States made urgent sense in the light of an exchange rate which shot up in favour of the pound from around the $1.50/pound mark to the $1.80s, a high we may not see again for several years – but isn't the kind of thing we can sustain on our budget, competing with so many other things. The depth and life of the Library is by and large and will continue to be a gift from friends and colleagues in the field to other friends and colleagues, many of whom are not yet born. We provide the home; you provide the reason.

Books and Printed Ephemera

Bettelheim, Bruno (nd), *Milieu Therapy*, Roche: Major Contributors to Modern Psychotherapy series

Clark, David Hazell (2004) *My Early Years*, privately printed.

David Clark is one of the most rewarding interviewees around: Generous, insightful, introspective, honest, and theatrical. The recording of Hitler Youth songs he remembered from a crucial summer spent improving his German with a committed Nazi family should go on the Internet. He was 16, it was the German Olympic year of 1936, and he returned home to Britain knowing that he and his generation would have to prepare themselves for war. All of that, except the sound, is here; with all of the qualities of the interviewee captured with characteristic style.

This is a book written for family and close friends, and it fills in the autobiographical gap left from his earlier, privately printed studies of his father (1985) and mother (1993), and *Descent into Conflict, 1945 – A Doctor's War* (The Book Guild, 1995; also translated and published in a Japanese edition) about the outcome of his preparation of himself for military service following that Hitler Youth night time rally in the woods, and *The Story of a Mental Hospital: Fulbourn 1858-1983* (Process Press, 1996), the book which began life as "*Nine Exciting Years*" and contains the transformations of an old asylum hospital into a therapeutic community.

It is intended for family and friends, and only a small number were printed. He would be happy to be approached about copies, however; and we can send expressions of interest on via the Archive. Gaps still remain in his writing: A dedicated look at the people and places of the post-war therapeutic community movement in Britain (and elsewhere) which he knew, with that warmth and casual precision which David Clark brings to his observations, would be very welcome!

Clarke, Liam (2004), *The Time of the Therapeutic Communities: People, Places and Events*, Jessica Kingsley

Clay, Bob, et al (editorial group) (2000) *Shaping the Flame*, Camphill Foundation/The Robinswood Press

Cormier, Bruno M. (1975), *The Watcher and the Watched*, Tundra Books

"The therapeutic community at the Dannemora State Hospital "Little Siberia" in Clinton, N.Y. lasted from October 1966 to June 1972 – ironically spanning the very years of the Attica tragedy and sponsored by the same New York State Department of Corrections…[the book] gives a history of therapeutic communities and the background at Dannemora, details of how guards were selected and trained and how prisoners were selected; the minutes of the first six months of meetings are included…" Not a book about the substance-abuse type of therapeutic community now prevalent in American prisons; part of the 'democratic' tradition in American therapeutic community.

Duane, Michael (1991), *Work, Language and Education in the Industrial State*, Freedom Press

continued after Special Section

Special Section:

Winning Stories in the Julian Maclaren-Ross/Joint Newsletter Short Story Competition

2003

Category: Current Client

Séan Tomás Beag,

HMP Dovegate,

for "OKAY, TC!"

Category: Former Client

Helen Brook,

Cassel Hospital,

for "THE CASSEL REVISITED"

"The two stories could hardly be more different. While Helen Brook's description of a return visit to the Cassel Hospital was admirably straightforward and sensitive, Séan Tomás Beag's piece possessed a lively conversational, irreverent tone which isn't, funnily enough, all that far removed from that of Maclaren-Ross's own short stories about the army."

- Paul Willetts, adjudicator

[Please note: This first story contains language which some readers may find offensive]

OKAY T.C.!

by

Séan Tomás Beag

Betcha a pound to a piece of shit you are not going to believe a word of what you are about to hear. It matters not. The fact that this really happened ain't worth a spit in the ocean. But it did happen and it's a yarn worth spinning. It might even make you giggle – it did me.

Okay, first off, I admit it ... I've done a bit of bird. I've been on the bus. The prison bus. That bus has driven me to some rum ol' gaols but the funniest gaol it ever stopped at was this new gaol. They call these new joints T.C.s. Therapeutic Communities. Yeah, kinda hard to spell is that ... Therapeutic communities. T.Cs for short, thank fuck.

Anyhow, I've been around. It needs must that I tell you I've – oh bollocks, the truth is I'm an ol' lag. Yeah 'strue ... Life by instalments, that's me. Hell! I've been to Wandsworth Prison, Parkhurst, Belmarsh ... Jezz I've even been to Dartmoor, years ago, when the Moor was the Moor. Yeah, I've been to hell and back and I can hear you now sigh and yawn, thinking ... this mug will be telling us next ... that he was in Baghdad before I was in my dad's bag! Yeah very droll, very topical but I tells you the truth. It is indeed stranger than fiction. Don't believe me? Then get your head round this yarn.

The powers that be ... namely – the Home Office, in addressing the prison problem decided to have a look at the private sector and allowed a private concern to build a T.C. This Yankee firm builds a clink in the north of England and call it a T.C. Then they go and populate it with us lags. We have, in here, young guys, not so young guys, old geezers like me ... all sorts ... We have nonses, ponces, pimps, poofters and pratts. The joint is staffed by doctors 'n' nurses well versed in the caretaking of oddballs and lunatics and let me tell you this ... it's a riot.

Never have I laughed so much. You know! A good ol' belly laugh. I wake up laughing – I go to sleep laughing and I laugh in my dreams. What's so funny. Ha, ha! All of it. All of it's funny. All of it's funny ha ha, none of it is funny peculiar.

Stay with me now as I spin this yarn: If, in the Second War, the German prison authority made a mistake in housing all their problems in one Gaol, i.e. Colditz, then the Home Office has made a similar boob.

In here we have all the wiseguys. Let me tell you ... Throughout the prisons in this Kingdom, and there are 170 or so, there is at one time or other a fair percentage of wiseguys. These guys know all there is to know about a cushy berth. These knaves, let me tell you, know all about Daddy's yacht! If they get a sniff of a cushy gaol you can guarantee that they will, somehow, get their sorry arse on the prison bus and news of this cushy northern gaol spread like wildfire through the bush. I heard it through the grapevine. The prison grapevine is so lush, the Yorkshire Ripper takes a crap in the north we know all about it on the Isle of Wight! So when the news of this new joint hit the vine the begging letters began to flow.

"Please Sir, may I secure a berth in your new gaol cos I need therapy." Each beggar grinning at his crabby cellmate – neither knowing what therapy is, neither caring – both only knowing what the vine says: Great new gaol, up north, cushy as fuck ... get there.

So I got here. I too wrote a begging letter and let me tell you ... it was a beaut. I landed here last summer. Jezz! These Yanks sure know how to build a joint. It's beautiful man! This joint is brand new. In-cell showers, TV's, duvets, feathered pillows – you name it, and doctors and nurses running after you with fistfuls of mansized tissues ready to mop up your heartbroken tears. But the best bit ... wait for it!

...The best bit is the Education Department. Cor! It's like a university, only better. Classroom teaching aids that are state of the art. TVs, video, P.Cs and a gaggle of female staff clucking around you to make you right welcome ... real friendly like.

As a blagger – I blagged me way onto the staff as a peer tutor. I gets to sit in the staffroom – talking bollocks while ogling cleavage. And now we reach the nub of the yarn.

Last week we, us staff, get a memo from 'upstairs'. Evidently there is this short story competition afoot. We – our department – have been given full responsibility for this. Gulp! All eyes in the staffroom look to me. Shit, shit, shit! My bailiwick is creative writing. Gulp! Gulp! Gulp!

Across the staffroom our Department Head raises her pretty eyebrows at me. I see her eyebrows are raised in a question. 'Over to you, you bullshitter.' This is what she is really saying with her intelligent fucking eyebrows so I flash back my best shiteating grin – my grin says, 'Okay doll, watch this fucking space.'

I gather my thoughts, finish my lousy coffee and think. Quickly I race to my classroom. Mind you, not so quickly so you'd notice I'm in a panic ... but a short story competition – shit! Why now! Why me Lord! I enter my classroom to find my boys are up to their usual – jerking off. No, no ... not jerking off ... that's completely different ... They're jerking around. Fuck! Why is it that in moments of panic I begin to think in American. Why is that? Do you know that I sometimes dream in an American accent. Shit what is the matter with me. Jerking off or jerking around! Hell, that ain't how we say things in this land and why am I saying Hell? Hell! We don't say that either. Calm down son. Think, you bastard, think.

I look at my class. My six boys. Six regular guys. Mostly we write letters home. Rex, my main man, is busy writing – we call him Rex cos he's a dog. He's got dozens of women writing to him. They send him perfumed letters, cards, poems, underwear (theirs). But mostly they send him money. Rex writes them all love letters. Rex spends most of the classroom time on the photocopier. He has developed a standard love letter. Actually so good is his standard love letter that nowadays he photocopies it, slots on the babe's name and off it goes. Rex is one ugly dog but as he says ... 'Dem bitches don't know that.' If they want a photo of Rex, he sends them a snapshot of some handsome man. Rex don't give a shit – the sly dog. Next to Rex we have Mad Mick. We call him Mad Mick cos he is a raving lunatic. Now, I call them together and tell 'em the news.

"Short story competition?" repeats Mick ... "No prob!" And off he goes rummaging through his stuff and comes up with the solution to my problem. A complete short story – never before saw, seen, published or even read by anyone else other than the mad fella himself.

Mad Mick insists on reading it aloud. He sits us down and we sit down. It needs must, that you know Mick is a giant of a man with that mad roaring look in his eye that crazed horses have and when he says sit and listen you sit and listen. Hovering over us with a stick Mick clears his throat and you feel he will beat you should you not pay attention. Clearing his throat again he begins to read in the voice of an eejit, which is his own, and Mick frightens us like children are frightened in church. You know, afraid to laugh and the afraid feeling makes you want to laugh all the more. It's a nervous laugh but you daren't give in to it cos you just know it will gurgle out of you in a torrent of giggles and Mad Mick will kill ya.

Mick, who, coincidentally, has a face like a madman's arse, begins to read the biggest load of shit ever written. But no one tells him it's shite ... we sit and listen. Rex is chewing his lips trying not to laugh. Us others are gnawing knuckles, handkerchiefs, fingers – and the mad fella is into his storytelling.

"He was vile, he was a paedophile, a he watched Suzanne and John in the Park. He had previous for the same offence, jumping over the school fence." Oh I wanted to laugh and fart, but was afraid to do either. Does he realise it fucking rhymes, for God's sake, and looking into the mad roaring eyes I see that Mick – the mad fucking eejit – is convinced that this is a proper good story. He continues:

"He had convictions stretching back to '61 so it was nothing new to snatch Suzanne and John". Tears of mirth roll down Rex's face but Mick soldiers on. "He used to bribe the kids with sweets and learning them to sing and all the time he was known to be active in a paedophile ring. They had him down as a recluse who lived alone who suffered abuse." Rex almost lost it at that but he held on as the story continued. "He had no interest in women or in the world of leisure, watching kids was his pleasure." Mick was grinning now, enjoying himself immensely. "The community knew he was a child molester because after his last sentence he was put on the paedophile register." Oh Lord I wanted to laugh ... burst out, break out, laugh my head off – O sweet Jesus ...

Mick this is pure shite but I held myself in check – surely it can't get any worse. But it did.

"They also knew he was up to no good walking around in a trenchcoat with a hood." I burst out laughing. I couldn't help it. I burst out and the lads followed. We laughed and laughed. We fell off our chairs. We rolled around on the floor, holding our sides, we laughed so much we thought we'd die. My belly hurt I laughed so long and all the while Mad Mick just stood and stared. When the laughter died down Mick finished his story.

"The doctors and shrinks said there was no cure cos people knew all he wanted to do was find kids to lure". And off we went laughing like drains. ... O Mick, you mad eejit ... you mad big beautiful eejit. Satisfied the big mad eejit sat down.

We, us creative writers looked at each other. Our eyes, still wet from tears of joy, all of our eyes said the same thing. "Shall we!"

So we did. We entered Mick's short story into the competition. Mick was mighty proud. Mick eagerly awaited the results of the competition. Each day he'd ask, "Has my prize come yet" and each day saw no envelope for him, till one day a brown envelope arrived addressed to Mick and Mick's face lit up like a Christmas tree. He opened the brown envelope, read the letter, smiled, cleared his throat and read it out to us. He read it in his best eejit voice and when we heard what he said we all fell about laughing.

THE END

THE CASSEL REVISITED

by

Helen Brook

Henry dog came to the Cassel Hospital with me. He was a confidant of mine in the dark days and a playmate on the good days. The adults adolescently played at tea parties with their toy animals hidden away from the staff. They were left in the middle of the room to chat to each other about how they were going to resolve the problems of their owners.

Breakfast came and went unnoticed, work groups were interrupted by the effort of trying to get someone out of their bed. I was working alone in the playroom, trying to avoid the stinky nappies and wondering why it was called a 'group'. Still it was a place to hide and reflect on what might come up in the days' Community meeting and Firm group.

I was in a mess. I was engaged to Nick, a really nice man who smothered me with his affection. I could not cope with him touching me, being nice to me or wanting to spend so much of my spare time with me. Being at the Cassel was the only excuse he would accept. I walked into the Firm room to be greeted by Dr. Skogstad and Grant McDonald and several other nurses and fellow patients sitting against the walls wanting to blend into the backdrop. After much conversation Dr. Skogstad said to me, "How do you think it's possible for you to have a relationship when you can't even relate to yourself?" How true it was and how painful it was to acknowledge and do something about. He gave me the push I needed to give Nick the push and focus some attention on my own needs.

Many memories from my Cassel experience were painful and there are things I am still taking to therapy even now five years later. Patients took overdoses, self-harmed and went playing with the traffic. Frequently people were being taken to A & E and were challenged in Community meetings that week about what they had done and what effect their behaviour had on the Cassel community. I was an Adult Firm Chairperson for my sins. It involved meeting with people and feeding back information at the Night meeting about the state of the Firm or infirm. The night Ann took an overdose before going out to the pantomime stunned me, the minibus never made it to the pantomime, they spent some time at Kingston A & E instead. All I can say is that my cries for help are still quieter than that. These are among the memories of my seven month stay at the Cassel.

Today I have been to the Garden Party, a yearly affair in the large grounds of the hospital. It is bright and hot and the shade of the large trees was a blessing. I meet up with Janet, my fellow chairperson from five years ago. Things have not changed between us, we are alike in our moods and frame of mind. We both still struggle to understand our time at the Cassel. There are many recognisable faces of staff and some other patients from various eras walking around the stalls. It's weird to be back again, the walls are the same as ever, but I no longer belong and I feel sad that I cannot go back and use the experience better than I did. I spy Pam Pringle who was our outreach nurse when I first left the hospital. She helped me

get the safe home I have now. She helped me go to the police when I'd been assaulted. The memories come racing back. I dare not go and speak to her, I sit under a tree chatting to Janet and just watch. There's Siobhan and all I recall about her was her favourite sentence to us, "I think you should go to bed." What a strange thing to remember about someone who must have had more influence to me than that. Surely?

I feel distanced from it all, it feels sad to be back and still I am glad I came. Why? It is like a compulsion to return to this place. I can never leave it completely, it is part of my life story now. It has become part of who I am. That feels sad too, that I had so many things in my life that I could not deal with that brought me to this hospital for people with Borderline Personality Disorder. I begin to relive parts of my life and it becomes too painful to stay in this place. I stand up and hide my grief, by walking away from it as I turn to focus on the here and now, the Garden Party comes back into focus.

Returning to the world outside of the Cassel walls, I recall how it felt the day I left. I sat in my car and cried then too. The doors closed behind me and it could never be the same again. People waved at the windows and I smiled at them weakly. This time there was no one to notice my tears.

Will I go back again? Probably.

THE JULIAN MACLAREN-ROSS SHORT STORY PRIZE, 2003

was sponsored by the Joint Newsletter

With the support and encouragement of:

Penguin Books, who gave five copies of Julian Maclaren-Ross's novel OF LOVE AND HUNGER, published in the Penguin Classics Series, one for each of the winners and runners-up;

The Planned Environment Therapy Trust Archive and Study Centre, which donated a copy of Paul Willett's FEAR AND LOATHING IN FITZROVIA: The bizarre life of writer, actor, Soho dandy Julian Maclaren-Ross, co-winner's prize

Mark Spragg, Wyoming-based writer and film maker, author of the award-winning WHERE RIVERS CHANGE DIRECTION, and **Dr. Paul Fees** of Fees, Spade and Archer (Cody, Wyoming), for a copy of WHERE RIVERS CHANGE DIRECTION, co-winner's prize

and, of course, **Alex Maclaren-Ross** , the **Julian Maclaren-Ross estate**, and the **Andrew Lownie Agency**

And special thanks must go to the judge:

PAUL WILLETTS,

author of FEAR AND LOATHING IN FITZROVIA

Authors "Commended" for their Short Stories were:

Dermot Moore, HMP Dovegate, for "HERE I SIT"

Andrew Pearson, HMP Dovegate, for "FOLLOW THE PATH!"

Paul Priami, Cassel Hospital, for "THE SHORT PRECARIOUS LIFE OF THE WHITE BALLOON"

The 'Winning' and 'Commended' short stories are each available for reading in the Planned Environment Therapy Trust Archive and Study Centre.

See "Back Page" of Joint Newsletter 9 for Paul Priami's short story, "The Short Precarious Life of the White Balloon".

Eliot, Stephen (2002) *Not the Thing I Was: Thirteen Years at Bruno Bettelheim's Orthogenic School*, St. Martin's Press

"In retelling the story of my early life, I was assisted by my records from the Orthogenic School, primarily the staffs' transcribed dictations about daily events affecting me…" Read this book, and think about the role of archives in narrating ones' self.

Frankel, Barbara (1989) *Tansforming Identities: Context, Power and Ideology in a Therapeutic Community*, Peter Lang

"This is not a study of addicts, nor of addiction, even though Eagleville Hospital is a place that describes itself as a 'therapeutic community for drug addicts and alcoholics'…It is, rather, a study of the means whereby human identities may be transformed…"

Gallant, Wilfred A. (1992), *Sharing the Love that frees us: a spiritual awakening from the struggles of addiction and abuse*, Captus Press

"Brentwood is a rehabilitation centre for the treatment of people with alcohol and drug-related problems and has been serving the community since 1964…" Detailed academic study of a Canadian therapeutic community.

Gregg, A. et al (authors) (1956) *Theory and Treatment of the Psychoses: Some Newer Aspects (papers presented at the dedication of the Renard Hospital, St. Louis October, 1955)*, Washington University Studies

Includes Alfred H. Stanton, "Theoretical Contribution to the Concept of Milieu Therapy"; and in an "Historical Note" at the end of the book, by Edwin F. and Margaret C.-L. Gildea, the tantalising paragraph opening "Following the failure of the group therapy for parents in the city Negro schools…"

Grover, Richard (1995), *Communities That Care: Intentional communities of attachment and a third path in community care*, Pavilion

A gift of the author, this grounded and insightful study was brought to our attention by Chris Freudenberg, who also put us in touch with Richard Grover. The limitations of the term "therapeutic community" are clear to anyone attempting to reconcile the many different enterprises which have adopted the term over the past sixty years

Guest, Tim (2004) *My Life in Orange*, Granta Books

Hargrave, John (1927/1979), *The Confession of the Kibbo Kift: A Declaration and General Exposition of the Work of the Kindred*, William Maclellan

"In August 1920 John Hargrave, at that time Commissioner for Woodcraft and Camping in the Boy Scout Movement, founded the Kindred of the Kibbo Kift, a woodcraft and camping movement that was destined to play an important role in the social and political life of Britain between the wars."

Hargrave, John (1913), *Lonecraft: The Handbook for Lone Scouts*, Constable and Company

Hart, Joseph, Corriere, Richard and Binder, Jerry (1975), *Going Sane: An Introduction to Feeling Therapy*, Jason Aronson

The dust jacket blurb by Stephen A. Applebaum of the Menniger Foundation says "new, though not entirely exclusive to them, is the expansion of therapy into a way of life concretely supported by a therapeutic community of like-minded persons. Therapeutic communities for outpatients will strike many readers as novel and intriguing."

Honig, Albert M. (1973), *The Awakening Nightmare: A Breakthrough in Treating the Mentally Ill*, Delta

"At Delaware Valley Mental Health Foundation we have learned a lot through communal living…"

Honig, Albert M. (1978), *China Today: Sin or Virtue? Dictatorship or model commune? A firsthand appraisal of the People's Republic*, Exposition

Honig, Albert M. (2002), *Hard Boiled Eggs And Other Psychiatric Tales: The Rebirth of the Psychotherapy of Severe Mental Illness, 2nd ed.*, North Street Publishers

An ISPS recommendation

Kanter, Joel, ed. (2004) *Face to Face with Children: The Life and Work of Clare Winnicott*, Karnac

See Joel Kanter's discussion of how he became involved with the life and work of Clare Winnicott on page 19 of this Newsletter.

King, Pearl, ed. (2003), *No Ordinary Psychoanalyst: The Exceptional Contributions of John Rickman*, Karnac

Father of the therapeutic community movement speaks out.

Laub, John H. and Sampson, Robert J. (2004) *Shared Beginnings, Divergent Lives: Delinquent Boys to Age 70*, Harvard University Press

List, Samuel Jacob (1963), *Can You Afford Tomorrow?*, Institute of Applied Psychology

Llorens, Leila A. and Rubin, Eli. Z (1967) *Developing Ego Function in Disturbed Children: Occupational Therapy in Milieu*, Wayne State University Press

Lyons, Tom Wallace (1983), *The Pelican and After: A Novel About Emotional Disturbance*, Prescott, Durrell and Company.

Lyons was a child in Bettelheim's Sonia Shankman Orthogenic School, and this novel about the life of a boy in a therapeutic school in Chicago is dedicated "with gratitude and affection to Bruno Bettelheim…" A grown-up child's eye view: Why haven't more people in the field read it?

Marcus, Paul (1999), *Autonomy in the Extreme Situation: Bruno Bettelheim, the Nazi Concentration Camps and the Mass Society*, Praeger

Meyer, Carolyn (1979), *The Center: From a Troubled Past to a New Life*, Athenaeum

"The Center is real enough…a somewhat fictionalized version of the Vitam Center in Norwalk, Connecticut…Vitam is a therapeutic community, a group of people living together for the purpose of helping themselves and each other to deal with the problems that overwhelm them…based on the idea developed in the 1930s in England that disturbed people should take an active role in their own treatment…It's a place where teen-agers with troubles – emotional problems as well as problems with drugs, school, parents, the law – learn how to change."

Maclaren-Ross, Julian (1965/1988) *Memoir of the Forties*, Cardinal

Paul Willetts writes: "Two more volumes of Maclaren-Ross's work will be coming back into print later this year or early next. These consist of a volume of Selected Stories and a companion volume of Selected Autobiographical Writing, which will include the wonderful *Memoir of the Forties.*"

National Institute of Mental Health (1968), *Mental Health Program Reports – 2*, U.S. Department of Health, Education and Welfare

Includes "Milieu Therapy and the Long-Term Geriatric Mental Patient", by W. Donahue, L. Gottesman, and D. Coons.

Neill, A.S. und alles (1975), *Die Befreiung des Kindes*, Fischer Taschenbuch Verlag (1975). German translation of *Children's Rights: Towards the Liberation of the Child*, with contributions by A.S. Neill, Leila Berg, Robert Ollendorf, and Michael Duane.

Raines, Theron (2002), *Rising to the Light: A Portrait of Bruno Bettelheim*, Knopf

Loving portrait of a friend

Rodeman, Maj. Charlotte R. (1960), *The Nursing Service in Milieu Therapy, Walter Reed Army Institute of Research*, Walter Reed Army Medical Center

Sher, Elizabeth, et al (1960) *The List Method of Psychotherapy*, Philosophical Library, with an introduction by Jacob S. List

Each of the six authors in this book was a professional therapist who had begun as a client of Jacob List. An interesting approach. Check out the title of Theodora Hirschhorn's chapter, "The Reception Room as Therapeutic Community".

Smith, Gaynor (1982), *Pilsdon Morning*, Merlin Books

A beautiful account of a classic intentional community of attachment, to use Richard Grover's term: The first twenty years in an ongoing community founded in 1958, inspired by the 17th century religious community at Little Gidding in Huntingdonshire. Pilsdon was brought to our attention by colleague Kate Maisey of the Gloucestershire Record Office, on an archival exchange visit to the Archive and Study Centre, where a description of our work rang a bell which she followed up with a friend.

Sorensen, Michael, edited by Richard Grover (1986) *Working on Self-Respect: Writings on offenders and other homeless people*, Peter Bedford Trust

Stubbs, Marie (2004) *Ahead of the Class: How an Inspiring Headmistress Gave Children Back Their Future*, John Murray

Studt, Elliot, Messinger, Sheldon L. and **Wilson, Thomas P.** (1968), *C-Unit: Search for Community in Prison*, Russell Sage Foundation

von Mering, Otto and **King, Stanley H**. (1957), *Remotivating the Mental Patient*, Russell Sage Foundation

A deadening 1950s-style granite edifice of a title about the care of chronic and aging mental patients; but what's inside? A Chapter titled "The House of Miracles", with one section subheaded "Relatives Come to Meetings" and another "Art, Rhythm and Religion" (albeit about a Lobotomy retraining ward); a chapter called "A Family of Elders", another on "Social Self-Renewal and Community Volunteers". The term "social remotivation" is used in preference to "resocialization" or "rehabilitation" because "These latter two terms imply a process of making the patient acceptable to others, or fit to live among members of society once again. As such, they do not go far enough…"

Wessen, Albert F., ed (1964), *The Psychiatric Hospital as a Social System*, Charles C. Thomas

Based upon the proceedings of the Third Annual Conference on Community Mental Health Research, sponsored by the Social Science Institute of Washington University in 1961, this is a robust

book about psychiatric therapeutic community in America, in the midst of a blooming.

Whitehorn, John C. et al (1961), *Chestnut Lodge Symposium: Papers Presented on the Fiftieth Anniversary 1910-1960*, William Alanson White Psychiatric Foundation

Non-Print media

Nyiszli, Dr. Miklos (1960/1994), *Auschwitz: A Doctor's Eyewitness Account*, with a "Foreword" by **Bruno Bettelheim**, Blackstone Audiobooks. Audiocassettes.

The Early History of Organized Camping (1984). VHS Video version of 30 minute film which "Presents a portrait in words and photographs of the origins of the organized camping movement in America. Two distinguished leaders in the camping field, Mrs. Eleanor P. Eells and Dr. Reynold E. Carlson, talk about the period 1860-1920…" Eleanor Eells was the author of "From the Sunset Camp Service League: camp as a therapeutic community", published in *Nervous Child* 6, pp. 225-231, in 1947. The famous *Menninger Bulletin* in which the term "therapeutic community" is embedded in the text of Tom Main's equally famous article, is dated 1946. Hmm.

"*Army of Peace: Young unemployed men live and work at the Grith Fyrd camp in the New Forest*." Digitised 1933 British Pathe news reel about a self-governing, self-sufficiency therapeutic camp for long-term unemployed men, run by Grith Fyrd (Anglo Saxon for "Peace Army"), which had camps in the New Forest and Derbyshire, and gave rise to the Q-Camps organisation, Braziers Park, and Forest School Camps. Through Q Camps it is one of the roots of the Planned Environment Therapy Trust. Rare footage of what Harry Stack Sullivan was calling in the United States a "therapeutic camp or community".

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*In the last issue of the Joint Newsletter (*No. 9, p. 21), *PETT Trustee Jeremy Harvey wrote a powerful reaction to Mary Barnes' painting, 'Our Lady of Ealing,' which Kay Carmichael had recently given to the PETT Archive and Study Centre. He asked for others to throw more light on the painting of Mary Barnes, and Dr. Joseph Berke has responded:*

ON THE PAINTINGS OF MARY BARNES

Joseph Berke

Mary always painted with her fingers in an intense, color filled, almost German expressionistic style. I described how she got started on this path in our book, *Mary Barnes: Two Accounts of Journey Through Madness* (3rd edition, The Other Press/ Karnac Books, 2002). The book also includes color and black and white plates of a whole range of her work, from her first finger paintings of black breasts to her latter elaborate canvases.

Mary didn't just paint. She talked to her paintings as she worked. The contents were very real for her. She became them, and they become her. For this and other reasons I considered her a true mystic and visionary.

Swedish TV made a documentary about her paintings during the 1980s. I have given a video copy of this to the PETT Archives. It is fascinating to see Mary not only talk about her work, but actually do it during the course of the program. Much of this material was also used in a celebration of Mary's life that took place at Kingsley Hall (where Mary lived from 1965-1970) in November 2001. Michael Kustow and Rachel Bailey made a pilot TV video of the celebration, a copy of which has also been deposited in the PETT Archive and Study Centre.

When Mary passed away in June 2001, her close friend, Ninian Crichton-Stuart, invited my wife Shree and myself to her funeral at Falkland Palace, in Falkland, Fife. This was the hunting lodge of the Stuart Kings. A requiem mass was celebrated for Mary in the Royal Chapel, the same place where Mary, Queen of Scots, used to pray. Before we came up, he asked me if I wanted to stay at the Palace (for which he is the Keeper). I thought he was joking, but it really is a magnificent palace and estate, adorned with signed pictures of the Queen, the late Queen Mother, Lawrence of Arabia, and many other notables. For the occasion Ninian adorned the Chapel with many of Mary's paintings which she had given him to store in his attic in a smallish house across the street from the Palace. Beforehand he invited us for tea in the house and took us to the attic, which contains a treasure trove of Mary's works. It would be wonderful if one day PETT could get a grant to hire someone to catalogue this huge body of work and, perhaps, find a better place to display it.

Many of Mary's paintings, stories, articles about her, as well as her bibliography, are included on the Mary Barnes website**:** www.mary-barnes.org

(I myself have a considerable number of her drawings and paintings some of which are for sale. Should anyone be interested in obtaining one of these works, please contact me at: jhberke@aol.com).

ATC AGM

Wednesday September 8, 2004

Cumberland Lodge, Windsor Great Park

The Annual General Meeting of the Association of Therapeutic Communities will be held on Wednesday 8 September at 2 pm. Attendance is free. Afterwards tea will be served.

Question 1:
When you vote for a member of the Steering Group, are you voting
a) For the individual?
b) For someone who will represent you?
c) For someone who will represent a particular community or organisation?

Question 2:
If it is your community which is a member of the Association of Therapeutic Communities, who votes in elections on behalf of your community? How are they chosen? Do you have a role in deciding how they will vote for Steering Group members, and on Propositions?

Official notice of the AGM will be posted to members on June 1st, along with the request for any nominations for the Steering Group and proposals for consideration by the AGM. Nominations and proposals should reach the Administration Office no later than July 9. Voting forms will be sent out to members, along with candidate statements and proposals, by July 16, and completed forms should be returned to the Administration Office no later than September 1.

WINDSOR 2004

The Association of Therapeutic Communties' Annual International
WINDSOR CONFERENCE

WHAT'S COOKING?
RECIPES FROM HOME AND ABROAD

What are the ingredients for different types of TC in different parts of the world?

GUEST SPEAKER: GEORGE De LEON

This event will receive CPD status from the Royal College of Psychiatrists, and will count toward the ATC's training portfolio for TC practitioners
All participants and speakers are expected to be in attendance for the entire period of the Conference. We regret that we are unable to accept any part-time attendance.

CONFERENCE FEE: Includes all accommodation and meals
ATC members: single occupancy room £430. Shared room £375
Non-members: single occupancy room £475. Shared room £420
The full fee is payable by 9 August, please

Application forms or further information available from Association of Therapeutic Communities, Barns Centre, Church Lane, Toddington, Cheltenham, GL54 5DQ, UK. Tel/Fax: (+44) (0)1242 620077, or email: post@therapeuticcommunities.org

ATC STEERING GROUP

February 6 meeting

The Steering Group met on 6 February 2004, at the Royal College of Psychiatrist's Research Unit. This was, as usual, a busy, lively meeting with a full agenda. A timetable for the recruitment and election of a Journal Editor to succeed Adrian Ward was agreed, and important matters concerning the resolution of matters concerning the constitution were discussed. It was agreed that the necessary matters concerning the constitution are being appropriately and satisfactorily addressed so as to draft a 'Constitution 2004' to be agreed at the 2004 AGM. The title for the Windsor Conference 2004 was also agreed: *'What's Cooking? Recipes from Home and Abroad: What are the ingredients for different types of TC in different parts of the world?'*.

ATC Long Term Strategy

Rex Haigh (ATC Chair) spoke to a document outlining the ATC long-term strategy based on discussions with Kevin Healy (ATC Chair Elect) and at a session on the future of the ATC during Windsor 2003. It had been circulated by e-mail to members of the Steering Group. The following was agreed:

- To continue to develop ideas which see TCs as an approach to human relations and systems of relations, rather than one specific therapeutic technique. A wide range of therapeutic models are incorporated, non-hierarchically, with that. Practically this means having open dialogue with different types of TC and raising our local, national and international profile.
- To acknowledge how a wide range of contemporary thinking and practice, particularly on milieux, therapeutic environments and emotional intelligence, has 'caught up' with traditional TC ideas. Now our task will be to engage with the wider range of ideas and work to identify our distinct identity by actively participating within that larger pool of activity. Practically this will mean collaborating with other organisations in all our main areas of activity – such as has already happened in research and quality assurance. For example, joint conferences, joint projects and possibly fundraising to support it.
- To remain focussed on establishing the networks of interested people (professionals and ex-service users) which reach out to promote these ideas through writing and publicity; training and teaching; research and development; and engagement with all relevant people and organisations to do so. Practically this will involve clarifying our charity governance arrangements, probably by writing guidelines for management and implementation of our 2004 constitution, and having more clearly focussed tasks and terms of reference for the working groups
- To continue to promote the ATC as an authority on TCs, for example via the promotion of the authority of the Community of Communities quality network.

Sarah Tucker
ATC Secretary

THE ASSOCIATION OF THERAPEUTIC COMMUNITIES WARMLY WELCOMES NEW GROUP MEMBERS!

The Peper Harow Foundation
Amicus Community, Arundel
Segely Helyett Esely Alapitvany (Hungary)
Myddfai Psychotherapy Department, West Wales General Hospital
Cawley Centre, Maudsley Hospital

Members can email the Steering Group directly at atc-steering-group@yahoogroups.com
THE NEXT 2004 MEETINGS OF THE STEERING GROUP ARE ON JULY 9 AND OCTOBER 29

Email research queries directly to the Research Group at atc-research-group@yahoogroups.com
OR JOIN: THE EMAIL GROUP IS OPEN TO ALL MEMBERS OF THE ASSOCIATION. THE NEXT MEETING OF THE RESEARCH GROUP ITSELF IS IN LONDON ON JULY 9
For more information email atc-research-group@yahoogroups.com, or post@therapeuticcommunities.org

ATC: DIRECTION AND ACTION

A strategy statement for ATC from

***Rex Haigh** and **Kevin Healy**, Chair and Chair elect*

This statement summarises the discussions at the 2003 Windsor Conference, and was approved by the Steering Group in February 2004.

ATC will:

- continue to develop ideas which see TCs as an approach to human relations and system of relationships, rather than one specific therapeutic technique. A wide range of theoretical models are incorporated, non-hierarchically, within that. Practically, this means having open dialogue with different types of TC and raising our local, national and international profile.

- acknowledge how a wide range of contemporary thinking and practice, particularly on milieux, therapeutic environments and emotional intelligence, has "caught up" with traditional TC ideas. Now our task will be to engage with the wider range of ideas and work to identify our distinct identity by actively participating within that larger pool of activity. Practically, this will mean collaborating with other organisations in all our main activities - such as has already happened in research in quality assurance. For example, joint conferences, joint projects and possibly serious fundraising to support it.

- remain focused on establishing networks of interested people (professionals and ex-service users) which reach out to promote these ideas through writing & publicity; training & teaching; research and development; and engagement with all relevant people and organisations to do so. This includes promotion of ATC and the Community of Communities as authorities on therapeutic community theory, training and practice. For the steering group of ATC, this will involve clarifying our charity governance arrangements, probably by writing guidelines for management and implementation of our 2004 constitution, and having more clearly focused tasks and terms of reference for the working groups.

Steering Group to Recommend Journal Proposal to AGM

At last year's AGM retiring editor Adrian Ward agreed to hold the helm for one further year while the future nature and direction of the ATC's flagship publication, *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*, was opened up for discussion and proposals. Two strong teams of applicants emerged from this process, one led by John Gale, with Sandy Bloom of the United States and Enrico Pedriali of Italy, the other led by Nick Manning, Jan Lees and Rex Haigh, with George De Leon of the United States, Steffan Davies of the UK, and Eric Broekaert of Belgium. The leads were interviewed on April 23rd by a panel consisting of ATC Chair-elect Kevin Healy (chair), Roland Woodward (Steering Group), Alan Worthington (Steering Group and Editorial Group) and Anita Bracey and Craig Fees (Editorial Group).

"We wanted to make a clear recommendation to the Steering Group, outlining the strengths and weaknesses of both proposals," said Healy, "and had a frank and trenchant two-hour meeting before the interviews to consider the issues and criteria involved. At the AGM, for example, there was some concern that one of the proposals then on the table could mean loss of ATC values and authority, and we were keen to clarify with both applicants how they viewed the questions of Ownership, of lines of accountability and authority. Continuity was important to us, and it became clear in the interviews that both envisaged building on the rootstock of the existing journal and assumed the ongoing participation of the current Editorial Board. Both saw it as a clear project of ATC, both proposed reaching out to fresh working areas, and addressing a broader range of issues; both were designed to develop the international market, and both would have enhanced the profile and work of ATC. We were impressed with the enthusiasm and energy associated with both proposals, by the open mindedness of both groups interviewed, and their desire to further the work of the ATC. Either on its own would have been a credit and advantage to ATC. In the end, however, and having the task of weighing the two, the panel unanimously agreed to recommend the proposal led by Nick Manning, Jan Lees and Rex Haigh [*see next page - eds*]. Experience in journal publication and negotiation with publishers played a role; any negative issues we might have had were thoroughly addressed and resolved. For each of us on the panel, and on the day, it was the stronger of the two proposals."

The interview panel presented the following recommendations to the Steering Group at its meeting of April 30th, where they were thoroughly discussed, and accepted:

Recommendation 1

- The Steering Group thanks both groups of applicants for creating a competition in which the relationship of the journal editors to the Steering Group of the ATC has been greatly clarified

- The Steering Group continues to take ownership of the process of appointment and of the Journal

Recommendation 2

- The Steering Group
  - warmly welcomes and accepts in principle the proposal of Nick Manning, Jan Lees, Rex Haigh and partners
  - And works with them to firm up the proposal to the satisfaction of the Steering Group and ATC membership
  - Through the production of a viable and realistic business plan

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The text of the Manning, Lees, Haigh and partners proposal as presented to the interview panel

Proposal for Editorship of the Journal *Therapeutic Communities*

We would like to put ourselves forward as prospective editors of the *Therapeutic Communities* journal, in response to the recent call for nominations. We – George De Leon, Nick Manning, Rex Haigh, Jan Lees, Steffan Davies and Eric Broekaert (to which group we will add two ex-service users) - are putting ourselves forward as an editorial collective. We see an editorial collective as being appropriate for therapeutic community principles and practice. Other established journals, such as *Critical Social Policy* and *Feminist Review*, which are administered by an editorial collective, have shown this method to be a feasible proposition. We would see this as a rotating collective, in that every three years or so, at least one person would leave the collective, and a new person would join – this would ensure continuity and stability for the journal. Also, we feel this sequential rotation would help the UK ATC (Association of Therapeutic Communities) avoid the difficulties it has faced in the past in finding individual editorial successors.

As a group, we are concerned to consolidate and further develop the journal, as a way of also consolidating and expanding the influence of therapeutic communities in general, and as an additional way of protecting and promoting this particular way of working with people – in this way, we see development of the journal as a further extension of other successful ATC activities, such as the Community of Communities, and the Lottery-funded research project.

The journal was originally published for three years from the New York offices of Human Sciences Press as the *International Journal of Therapeutic Communities*. At this time, the journal was seen as an academic development from the ATC Newsletter, which remained as ATC's 'in-house journal', similar to the way in which the current newsletter functions. From 1980-3, publication of the journal involved the laborious shipping of paper-based text across the Atlantic to the publishers, in eager anticipation of the return of journal copies in bulk to the UK. The journal was planned then as a vehicle for the development of and critical reflection about the work we are all familiar with, as it was developing throughout Europe and the USA. We are proposing that the journal is returned to its international roots, and its original base with a publisher, by linking up with colleagues in its early home in New York, and the many colleagues in Europe with whom the ATC has both developed and maintained links over the years, as well as consolidating and expanding its British base.

Between us, we have considerable experience of therapeutic community principles and practice, and of administering task groups for ATC and projects on behalf of ATC. We also have considerable experience between us of writing, and publishing and of setting up, administering, editing and setting up on-line journals. Nick Manning was involved with Bob Hinshelwood in setting up the *International Journal of Therapeutic Communities*, and was a member of the first editorial board and George DeLeon was on the first advisory panel. Nick has also been a founder member of the editorial boards of *Social Policy Review*, *Global Social Policy*, and the prize-winning web-based Sage journal *Sociological Research On-line*. We understand that, as a result of Nick Manning's initial contact with Dan Trinder, ATC have been approached recently by Routledge (Taylor & Francis), who are also interested in publishing the journal, and particularly if it expands into the European and American readership and markets. This would place the journal on a much more secure financial and academic footing. We believe this expansion of the market (both of sales, and of prospective articles) for the journal, by involving sister associations in the USA and Europe, and a commercial publisher, can be done, and we would like to pursue this.

It would mean also involving, in a much more substantial way, 'concept-based' therapeutic communities, which are mainly for people with issues of substance misuse, and which exist world-wide. While the journal is linked in the UK with membership of the ATC, neither the World Federation of Therapeutic Communities, or the Therapeutic Communities of America, or the European Federation

of Therapeutic Communities have their own journal – although they already have a long tradition of publishing: academic, theoretical, research and practice material. We would want to explore linking the journal to their membership as well. We have had recent contact with Anthony Slater, President of the European Federation of Therapeutic Communities (EFTC), who is extremely positive about this proposal, and thinks it is possible to work towards linking the journal with their membership, and he has nominated Eric Broehaert to join our proposed editorial collective. The EFTC now comprises about 30 countries throughout Europe, with a broad spectrum of services ranging from small residential communities to large national organisations, whose treatment facilities include residential, day and evening (for those who work) therapeutic communities for clients with a range of issues from the traditional drug-free therapeutic communities, to those providing treatment for people with dual diagnosis, for those suffering from AIDS, and also therapeutic communities for women and children, and young people. The EFTC see themselves as progressive, and see the term 'concept-based' as out-dated. The EFTC has a strong focus on research, and organises a bi-annual international conference, and a bi-annual symposium which is more research-based.

However, we would be concerned to ensure that democratic and drug-free therapeutic communities had equal access to a much-expanded journal, and that the current democratic therapeutic community level of contribution to the journal is maintained. We would also want to expand and widen contributions from Europe and America, both from democratic and drug-free therapeutic communities.

5 year Strategy for the Journal

1. Contact the chairs of Therapeutic Communities of America (TCA), the European Federation of Therapeutic Communities (EFTC), the World Federation of Therapeutic Communities (WFTC), the Eastern European Federation of Therapeutic Communities (EEFTC), the Asian Federation of Therapeutic Communities (AFTC) , the Latin-American Federation of Therapeutic Communities (FLACT) and the Australian Federation of Therapeutic Communities (ATC), about involvement with the journal, about future contributions and possible links to membership. (We have already done this in regard to the EFTC.)

2. Ensure balanced content of journal – expand the length of the journal to ensure the continuation of current democratic therapeutic community space, and encourage a creative dialogue between the different therapeutic community traditions.

3. Work towards publishing the journal on-line.

4. Produce a Special Issue each year, which could also be published as a book, in the Jessica Kingsley Therapeutic Community series.

5. Widen the journal advisory group, particularly to Europe and America, and encourage more active participation by members of the advisory group.

6. Increase the institutional subscription base of the journal, e.g. mental health providers, academic libraries.

7. Move towards a format similar to that of the British Medical Journal, with sections reflecting different interests, including theory, clinical practice, research, reviews, correspondence, personal views and news, and reflecting the relevant interest group e.g. ATC; Community of Communities (CoC); Community Housing and Therapy (CHT), prisons, TCA, WFTC, therapeutic environments, etc.

8. Find new ways of generating articles e.g. discuss with ATC developing a conference programme, initially based on the Windsor Conference, but to include developing similar and/or combined conferences, and possibly day conferences, in Europe and the USA, particularly as this will generate a wider range of high quality material for the journal.

9. Editor specialisation – each member of the editorial collective will take responsibility either singly or in pairs for different aspects of the journal e.g. practice issues; service user involvement; theory; research findings; history; education; also for different client groups; children and adolescents; psychosis; criminal justice; personality disorder; substance misuse.

10. Expand the scope of the book review section, to widen content, and include other items relevant to therapeutic communities, such as key papers, abstracts of other journal articles (as in the British Journal of Psychotherapy), classic texts and novels, videos, films, plays, etc.

11. Appoint a Journal Manager to be responsible for the day to day management and running of the journal.

12. Produce full quarterly accounts and circulation figures, and a short report itemising receipt of and decisions about all submitted material.

continued on next page

George De Leon, PhD (Columbia) is an internationally recognized expert in the treatment of substance abuse, and acknowledged as the leading authority on treatment and research in therapeutic communities for addictions. He was a founding member of the Editorial Advisory Panel from the first edition of the *International Journal of Therapeutic Communities* in 1980. He is the founder and Director of the Center for Therapeutic Community Research, established by a National Institute on Drug Abuse (NIDA) funded grant to the National Development and Research Institutes. He is a Clinical Professor of Psychiatry at New York University, and has published over 135 scientific papers and chapters on substance abuse, and has authored and edited four published volumes and three NIDA research monographs. He has served as special guest editor and contributing editor to several journals, including the *American Journal of Drug and Alcohol Abuse*, *Substance Use and Abuse*, *Substance Abuse*, and the American Psychological Association *Journal of Psychotherapy*. Dr. De Leon is a recipient of several awards. The most notable are the Therapeutic Communities of America award for Distinguished Service (1978); the Eugenia Maria De Hostos and Jose Marti award for dedication and contribution to the field of psychology presented by the New York Society of Clinical Psychologists (1984); the award for Distinguished Service to Psychology (1990) presented by the Society of Psychologists in Addictive Behaviors (SPAB), and the NIDA Pacesetter Award for Outstanding Leadership in Pioneering Research on the Therapeutic Community Approach to Drug Abuse Treatment (1993). In Nov. 2000 he received the New York State Governor's Award for Lifetime Service in the research and treatment of substance abuse. He remains active in training and program development both nationally and internationally, and has maintained a private clinical practice in New York City for over 35 years.

Nick Manning is Professor of Social Policy and Sociology at the University of Nottingham, UK, and Head of Research and University Liaison for the Nottinghamshire Healthcare NHS Trust. He has been involved in research on therapeutic communities for more than 30 years. In 1980, together with Bob Hinshelwood, he negotiated with Human Sciences Press the founding of the journal (then the *International Journal of Therapeutic Communities*), and with Routledge the *International Library of Group Psychotherapy and Group Process (Therapeutic Communities Series)*. He has been on either the Editorial Group or the International Advisory Panel of the journal continuously since its first volume was produced in 1980. He has been involved with a number of similar journal activities over the years. In 1990 he took over the ailing *Social Policy Review* from Longman, and published it from the University of Kent. After its recovery, it was taken over by Policy Press, and in 2003 was adopted as an additional journal available with membership of the UK Social Policy Association. In 1998, he was a founder member of the editorial board of *Sociological Research Online (Scrol)*, an entirely web-based journal, published by Sage, which won an electronic publishing prize after its first year of publication, and is now an established and prestigious journal. In 2000 he was involved with Bob Deacon in negotiations with Sage to establish the new journal *Global Social Policy*, which has grown in circulation ahead of its target levels, and is now well established. He continues as a member of its Editorial Board. He has over 100 publications, including more than 20 books such as *Therapeutic Communities, Reflections and Progress* (edited with Bob Hinshelwood, Routledge, 1979), *The Therapeutic Community Movement, Charisma and Routinization* (Routledge, 1989), *Therapeutic Community Effectiveness* (CRD Report no. 17, York: NHS Centre for Reviews and Dissemination, 1999, with Jan Lees & Barbara Rawlings), and *A Culture of Enquiry: Research Evidence and the Therapeutic Community* (edited with Jan Lees, Diana Menzies, and Nicola Morant, Jessica Kingsley Publishers, 2004).

Rex Haigh is a psychiatrist and group analyst who has been involved with the Association of Therapeutic Communities for the last twelve years, as Secretary then Chair. He led ATC's successful bid for lottery funding for the multicentre research project, and for a further grant to establish the "Community of Communities", of which he is now joint project lead with Jan Lees. He is the editor, along with Jan Lees, of the *Therapeutic Communities* series of books with Jessica Kingsley Publishers, and has written numerous articles on therapeutic communities, their theory, and application. His clinical work has been as lead consultant at Winterbourne TC, a non-residential day unit in Reading for those diagnosable with personality disorder. He has recently been successful in bidding for funding as a national pilot site for personality disorder provision, which will be delivered according to TC principles across the Thames Valley. He is currently undertaking a project to establish a research network of therapeutic communities funded by the Health Foundation, and is working for the National Institute for Mental Health in England as their Personality Disorder Development Consultant in the South-East.

Jan Lees was, until 2003, a Research Associate at Francis Dixon Lodge Therapeutic Community, Leicester, UK, for 7 years. She is currently a member of the International Advisory Panel of *Therapeutic Communities*. She is also joint project lead with Rex Haigh for the 'Community of Communities' project, funded by the Community Fund. She was Principal Investigator, for four years until 2003, on a national comparative

research project, evaluating the effectiveness of 21 therapeutic communities in England and Scotland for people with personality disorders, on behalf of the Association of Therapeutic Communities, and the University of Nottingham. She is the editor, along with Rex Haigh, of the *Therapeutic Communities* series of books with Jessica Kingsley Publishers. In addition to many papers and chapters her publications include *Therapeutic Community Effectiveness* (CRD Report no. 17, York: NHS Centre for Reviews and Dissemination, 1999, with Nick Manning & Barbara Rawlings), the *Kennard-Lees Audit Checklist*, a checklist of standards for democratic therapeutic communities (in *Therapeutic Communities*, 2001, 22, 2, with D. Kennard), and *A Culture of Enquiry: Research Evidence and the Therapeutic Community* (edited with Nick Manning, Diana Menzies, and Nicola Morant, Jessica Kingsley Publishers, 2004).

Steffan Davies is a Senior Lecturer in Forensic Psychiatry at the University of Leicester and Honorary Consultant Forensic Psychiatrist at Rampton High Security Hospital, Nottinghamshire Healthcare NHS Trust. His clinical work has concentrated on developing a service for patients with severe psychosis, Cedars Community, using a Therapeutic Community model. Cedars community was highly commended in the National Institute for Mental Health in England Positive Practice Awards (June 2003). He has been involved in Therapeutic Communities since a training placement at Francis Dixon Lodge (FDL), Leicester, in 1995. Research work undertaken at FDL has led to a number of papers and chapters on long-term outcome and economic evaluation of TCs and formed the basis of his Master of Business Administration thesis. Research interests include long-term outcomes from psychiatric services, therapeutic use and measurement of security, and therapeutic environments. He has authored over 25 papers and chapters and is co-editor (with Penelope Campling and Graeme Farquharson) of *From Toxic Institutions to Therapeutic Environments: Residential Settings in Mental Health Care* to be published by Gaskell Press (Royal College of Psychiatrists) in April 2004. He is a member of the executives of the International Society for the Psychological treatment of the Schizophrenias and other psychoses ISPS (UK), the Social and Rehabilitation Section of the Royal College of Psychiatrists, and is a member of the Advisory Board of HMP Gartree Therapeutic Community.

Eric Broekaert is a professor and the head of the department of 'Orthopedagogics' (Special Education) at Ghent University (Belgium). The departmental interests include disability studies, behavioural and emotional problems and substance abuse. In 1976, Eric Broekaert founded the drug-free therapeutic community "De Kiem" in Belgium, as a department of a psychiatric clinic. This therapeutic community is still functioning and has a capacity of about thirty residents nowadays. In 1980, he obtained his doctorate in 'Psychology and Educational Sciences' with a dissertation on the drug-free therapeutic community as a new treatment modality for substance abusers. In 1981, Eric Broekaert took part in a 'research-practice' breakthrough through the foundation of the European Federation of Therapeutic Communities (EFTC), of which he acted as the first president. At this moment, therapeutic communities in over 30 European countries are members of the EFTC, which flourishes under the inspiring leadership of Anthony Slater. Since its foundation, EFTC regularly organised conferences and symposia. A few years later (in 1983), the European Workshop On Drug policy Oriented Research (EWODOR) was established at the Erasmus University in Rotterdam, including a special section devoted to the therapeutic community. Together with Martien Kooyman, Charles Kaplan and Rowdy Yates, Eric Broekaert extended the working group to its actual state. Through his function at the university, Eric Broekaert became president of the "Orthopedagogical Observation and Treatment Centre", a school and daycentre for about seventy children with emotional and behavioural problems (since 1989). This school was, from its origin, part of "the New School Movement", and due to this, close to the therapeutic communities for children. Eric Broekaert is the author of many articles and books on special education and substance abuse problems. He mainly favours evidence-based qualitative research on clinical issues and historical review studies. The philosophy behind his teaching and writing is based on a search for the integration of paradigms of care through education and meaningful action.

+ two ex- service users – to be co-opted before the AGM

joke

A piece of string went into a pub and asked for a pint of beer.

"I'm sorry" said the barman "we don't serve bits of string."

So the piece of string went out and cried, shrunk,and got a bit wound up.

Remembering what he learnt at the therapeutic community, he went back in and repeated his request for a pint of beer.

"I'm sorry" said the barman "we don't serve bits of string."

The piece of string left head bowed.

Feeling totally desolate and getting more wound up by the minute, the piece of string went back in - this time asserting more forcibly - "MAY I PLEASE HAVE A PINT OF BITTER?"

The barman said: "Are you that piece of string that was in here a few minutes ago?"

"No," said the piece of string, "I am afraid not!"

Bill Murray

[If you don't get it, then try *I'm a frayed knot*.]

Asclepion

By Lesley Hayward

Asclepion currently manages a shared house for five people in Wandsworth, S.W. London as a therapeutic community. It has evolved since it was established in 1986 but tenants have always been active in the day-to-day running of the house through the House Meeting. Tenants must be committed to using the twice-weekly group therapy sessions. This may not sound any different from other TCs, but because tenants need to be relatively independent in domestic "survival skills" at the time of referral they are able to concentrate on identifying the changes they wish to make in their lives when using the group process. The Group Therapist and the Supported Housing Manager visit the house, rather than being based there, so tenants need to use their own or the group's resources. There is an on-call system for emergencies, but again tenants are encouraged to use the back-up services in the wider community. This is obviously good practice for independent living.

YES, Asclepion does still exist……

……..I happily told a care manager who had contacted me via an ex-colleague about making a referral to the therapeutic community. At least she had already heard of Asclepion – that was heartening.

This is just one of the difficulties of helping to run a small TC – the need to get the service known and, perhaps even harder, to keep it in everyone's mind when they are looking for suitable supported accommodation. But the service has survived since 1986 so we must be doing something right. More importantly, most tenants who use the service leave to live in more independent accommodation and this must be one measure of success.

So how to get talked about? The way we are striving to do this is to provide a high quality service that funders regard as good value and are prepared to pay for. Of course staff are key to this (if I say so myself, as the Supported Housing Manager) but, in a small TC, of vital importance is the Board of Trustees.

…….and Asclepion is in need of Trustees.

Staff members receive independent supervision on the day-to-day running of the TC but are also in direct communication with Trustees. This is mainly through Board meetings but also less formally. The potential for this to positively and quickly influence service delivery can be very satisfying for everyone. If a better way of doing things is identified this can become practice without the strain of trying to implement it via several layers of bureaucracy. Trustees get to know about how their decisions affect the tenants, so their role is less remote than on boards of larger organisations.

Small can be beautiful, as a small TC can respond to change more easily than a large one – with the right guidance.

The work of Trustees will not be limited to the current service. Asclepion is aware of the need to expand to reduce risk and take advantage of economies of scale. This will present exciting possibilities for Trustees in helping to identify and specify a new service.

For these reasons we need people with experience of therapeutic communities to help manage and improve the current service and to identify where need exists including what funders are prepared to pay for.

Board Meetings are held in the evening, in Central London, every two months. There are occasional *ad hoc* meetings. The position of Trustee is unpaid except for all expenses.

If you are interested in finding out more about the exciting opportunity to really influence service delivery then please contact Lesley Hayward, Supported Housing Manager, on:

020 8870 411 / 0776 440 9367 or
lesleyhayward@asclepion.fsnet.co.uk
13 St James' Drive, London, SW17 7RN

If you would like to discuss referrals then please use the same contact.

Therapeutic Process in Athma Shakti Vidyalaya, a therapeutic community, a case study.

Mrs. Usha Srinath, Anando Chatterjee, Hank Nunn & Dale Peacock

Athma Shakti Vidyalaya, is a residential therapeutic community established in August 1979, involved in the treatment of serious mental illnesses such as schizophrenia, manic depressive psychosis, obsessive compulsive neurosis, and borderline personality disorders.

Dheeraj (name changed) was admitted to ASV community in October 2000 for the following complaints by the parents:

He would come up with various unreasonable demands, like wanting to eat in expensive restaurants, buying cassettes, wanting to watch a newly released movie irrespective of the ticket rates. When these demands were not met, he would go into a frenzy of acting out by breaking expensive audio-video equipment, abusing, assaulting parents. He would also go into passive behaviours, like not eating but stealing food at night. He was also stealing money from his father to buy whatever he was demanding.

Duration of illness: 10 years.

Treatment was started in 1997 at various psychiatric nursing homes and rehabilitation centres in Bombay. He was in and out of hospitals, as he was diagnosed as a paranoid schizophrenic. He was also administered a course of 12 to 13 ECTs to deal with unmanageable behaviours. He attempted suicide once by wanting to go under a train.

With each hospitalization, his dosage of medication was increased with no improvement in his behaviour. As a last resort, he was heavily sedated and brought to ASV, Bangalore, as advised by his psychiatrist in Bombay.

At first appearance, Dheeraj looked like someone out of touch with civilization for many years. He was continuously drooling, weighed 120 kgs, and had a foul smell because of poor personal hygiene. Dheeraj was also cute, chubby, innocent, and looked like a lost puppy. He was over-medicated.

On admission he presented the following problems:- Need for constant attention, totally wrapped in his own world and desires, preoccupied with his needs and wants, unaware of others' needs and feelings, uncontrolled feelings and behaviours, no boundaries, blackmailing, incontinence and drooling due to heavy medication, clumsiness, poor eye-hand coordination, low comprehension, hostile, stealing etc.

The Therapeutic Process.

A mentor group consisting of five therapists was formed in order to formulate a treatment plan for Dheeraj. The mentor group identified and classified his problems into these following areas :

1. Behavioural problems due to low frustration tolerance and inability to handle delayed gratification of his needs.
2. Emotional
3. Perceptual
4. Problem solving
5. Daily living skills

Dheeraj's first breakthrough came when he realized after being here for a month that he was not here for a short break but for treatment. He reacted by shutting down. He refused to talk to anyone for some time. He tried his best to go on a hunger strike, but could not resist hiding fruits under his pillow, only to be caught eating late at night. He eventually took to us, and accepted the fact that we were the ones who were going to guide him from now on.

We also observed that Dheeraj basically perceived the world only visually, and did not learn to integrate his other senses into his experience of the world. This went back to when he was only a year and a half old, when he lost his hearing in one ear due to an allergic reaction to a high dose of antibiotics. Added to this was the fact that he was born with some mental retardation, which was noticed only after he reached primary school. He was a "problem child", and was mostly made fun of in class. As a result, all through his growing years Dheeraj's intellectual – and, more importantly, emotional - needs were rarely met. Therefore he resorted to "bullying" to get his needs met.This inappropriate behaviour was confronted, and psycho-education based on the TA [Transactional Analysis] model was imparted. With repeated sessions, we observed that his awareness increased and his acting out behaviour decreased.

He was put on a feelings program to get in touch with his emotions and to use appropriate means to get his needs met. He is currently on an anger management program.

He joined cognitive retraining group, reading comprehension group, general knowledge group to increase his internal resources to increase his problem solving ability and thereby reduce his stress and frustration levels.

Towards integrating other senses into his experience of the world, he was supervised at meal times and was taught to differentiate smells, tastes, temperature, texture, etc. He learnt to eat appropriate quantities rather than using food to get his emotional needs met. He had also begun going for a two kilometer walk at 5:30 A.M. This was remarkable as he fought his drowsiness caused by the high dose of medication. His weight came down to 78 kgs from 110 kgs.

Regressive needs, like the need for attention, recognition, acceptance, etc., were taken care of by providing physical and verbal strokes.

Initial psychological testing on Minnesota Multiphasic Personality Inventory in June, 2000 showed elevation on the following scales: Depression, psychopathic deviation, and schizophrenia and paranoia.

On retest in March, 2004, he shows considerable improvement in the scores of the same scale after three years of treatment. Although there are elevations of some scores, they are all under normal levels. He still needs to work on his anger, depression and psychopathic behaviour.

On Wechsler Adult Intelligence Scale, his global IQ has marginally increased. On verbal scales, he has shown considerable improvement in comprehension, concept formation, attention, and concentration.

On performance scales also he has shown improvement in almost all the subtests except object assembly. This could be attributed to his low frustration tolerance and his preoccupation with thoughts about his future.

He was on a dosage of 3,125 mg of psychotropic medication when he was admitted in Oct, 2000.

Clozapine 550 mg a day,
Topmac 75 mg a day.
Lithium 900 mg a day
Sodium valporate 1600 mg a day.

Today, he is only on 500 mg of sodium valporate.

Dheeraj is currently engaged in pursuing his studies towards his career goals. He is also looking for a part time job as an accountant, and is addressing his residual therapeutic issues.

COMMUNITY OF COMMUNITIES NEWS

Change at Community of Communities

Adrian Worrall

Programme Manager - Community of Communities

Sarah Tucker: Thank you

Sarah Tucker is leaving the Community of Communities to take up a clinical post at HMP Grendon. Her determination, commitment and enthusiasm will be missed by many in the network and at the College Research Unit. Her expertise in TCs has been a particular asset to the project.

Rex Haigh adds:

Sarah left the Community of Communities project in April, to move to a post at Grendon Prison as a Wing Therapist. She has been with the Community of Communities since its unfunded beginnings in 2001; initially as ATC Secretary and then additionally employed by the Royal College of Psychiatrists as its Project Manager. She has very successfully steered it through two annual cycles - on a minimal budget - by recruiting a great deal of good will, generating considerable enthusiasm, and quietly instilling order into a vast variety of different services' participation. She is leaving the project in very good order: it is growing in size, influence and efficiency, and she will be much missed. She was presented with a large bouquet of flowers and an even larger vote of thanks at the Annual Forum on 20 February.

Toasting the future: Sarah Tucker and Rex Haigh at the Community of Communities Event on February 20

And Introducing: Sarah Paget - New Project Manager

We are very pleased to welcome Sarah Paget as Project Manager, who will come into post on May 31st. Sarah is excellently placed to take over the role, having been a member of the Community of Communities Advisory Group, being actively involved with the ATC on the Steering Group, and with her wealth of managerial, clinical, research and training experience in therapeutic communities gained over many years of service at Community Housing and Therapy. We warmly welcome her to the project as it moves into its third year.

TCs UNITED: EVENTS IN THE ANNUAL CYCLE

Joanne Moffat

Community of Communities

The Community of Communities cycle provides the opportunity for members of Therapeutic Communities to join together. These key events allow times for exchanging ideas, reflecting on significant issues, and shaping the future development of the network.

STANDARDS WORKING GROUP FRIDAY 12TH DECEMBER 2003

Jane Alderton

The Standards Working Group is the time in the Community of Communities annual calendar when members have the opportunity to come together to reflect on the past years' developments and achievements, and discuss the future identity of the network.

This key stage in the calendar culminates in the revision of the document at the heart of the Community of Communities network – the Service Standards. This document is central to the supportive review-process that our network prides itself on, as well as being the public written 'face' of the network and its principles. For those of you unfamiliar with

these particular 'Service Standards', the name may well conjure up thoughts of long lists of unachievable bureaucratic demands unrelated to the realities of our day-to-day work. However, those of you familiar with this document, and the many of you who have been involved in making them what they are, know that in this case, this is far from an accurate representation.

Over the last two revisions these Standards have been carefully crafted to reflect the supportive, open and democratic aims of a modern therapeutic community, whilst at the same time aspiring not to lose sight of the evolving and unique identity of individual member communities. Hopefully, this day has taken us another step closer to achieving this aim.

The Day

The event itself was held on the 12th of December 2003 at the Royal College of Psychiatrists' Research Unit. The principal Community of Communities team members, comprised of Sarah Tucker, Joanne Moffat, Adrian Worrall and Rex Haigh, were there to greet communities from a wide geographic distance – some who had travelled from as far as Greece and Italy to attend the day. A diverse range of services also attended, with communities from the NHS, the Prison Service and the voluntary and the independent sectors – all clearly keen to bring their unique contribution to help mould the future shape of the network.

THE STANDARDS

Why have Standards?

The day began with an introduction by Adrian Worrall, the Networks Manager at the Royal College of Psychiatrists' Research Unit, to the role of Service Standards. The question of why we need to document the standards we all aspire to in such a way was tackled head-on. The importance of Standards for identifying areas in need of work within a service, as well as demonstrating service quality both internally and externally, were both highlighted. In today's environment of increased demands for service transparency this latter point is one that we all increasingly recognise. The role that Standards can have in defending services against external regulation and helping services argue for better resources were also highlighted.

How are Standards created?

Community of Communities believes that when designed carefully and used intelligently Standards can be an empowering way to clearly communicate group consensus. To this end the Community of Communities Standards are based on literature reviews, stakeholder discussion, and extensive consultation with communities. This Standards working group was part of the latter consultation process; however, all communities, both members of the network and non-members, are invited to have their say, and can comment via a postal consultation in the early spring.

It is not expected that services will meet every standard, and the Standards themselves include both statements of best practice (i.e. what communities should aspire to) and minimum standards (e.g. mandatory legal requirements). However, for standards to be empowering they need to be believed in, and for this to happen their underlying principles need to accurately describe the ethos and values of a modern therapeutic community.

THE DAY:

Suggested Improvements to the Standards

When creating and revising the Standards many things need to be borne in mind. Arguably one of the main considerations is: *Is this statement critical to the quality of care our service provides?* However, other issues are also important, such as: *Are these statements realistic within our time and resource restraints? Are these statements clear and understandable? Are these statements adaptable to a range of service settings?* Using these questions as a guide, the day produced many new standards, as well as removing a few that were regarded as no longer relevant. These changes in priorities are clearly testament to the evolving nature of communities, a characteristic that our Standards are aspiring to embrace.

On the day small consultation groups were convened to discuss the range of topics that the Service Standards cover. Within the document, service areas are arranged into seven categories. With respect to the first category, 'Environment and Facilities', the consultation group felt that the current Standards linked well with the experience of therapeutic practice. To reflect the increasing use of mobile phones, it was recommended that there should be a new standard suggesting a mobile phone free area within communities. The section category deals with 'Joining and Leaving the Community'. The consultation group regarded this section as comprehensive; however, in the pursuit of clarity some standards were regrouped. The consultation group that considered the section 'Staff Members and Training' decided that a new standard should be added which better described the experiential element of training (i.e. the experience of being in a community). They suggested that user involvement in developing and delivering training should also be

emphasised. It was also suggested that community members should be made more aware of staff's training, and that this should be emphasised in the document. It was proposed that within the section of the Standards that deals with 'Therapeutic Milieu and Process' a new standard describing the responsibility for carrying and developing the therapeutic culture should be included. The consultation group looking at 'Boundaries, Containment, Responsibilities and Rights' discussed better ways to reflect the tension between risk and therapeutic opportunity and containment. With regard to 'Organisation, Policy and Procedure' it was suggested that it would be helpful to differentiate between internally important policy and that which was externally imposed. The group discussing 'External Relations and Research' felt that it would be helpful to have a standard that measured how well a service engaged with external bodies and to revise the standard area to 'External Communication and Research' to highlight the importance of TCs maintaining open dialogue within the wider context in which they operate.

It was agreed that a glossary and an introduction to therapeutic community theory and principles would be useful at the beginning of the new Standards. There was also a general feeling that staff members' intuition should be better reflected throughout the new document; i.e., the use of thoughts and feelings rather than evidence described by the 'medical model'. This desire for the recognition of individuality was further cemented by concern raised that the Standards do not become over-prescriptive. It was also felt that the client's responsibility for progress was not sufficiently emphasised in the present edition. These are only a few of the suggested changes, to give you a taste of how communities' concerns are changing. To see the full range of Standards, please see the link below.

At the close of the day Rex Haigh summarised the event as one of marked progress, with a good turnout of staff from a range of communities both from within the UK and abroad. He praised the active involvement and enthusiasm of the ever-expanding network, and the general consensus was that the day was a useful opportunity to reflect on the past year's achievements and discuss what the future identity of a modern therapeutic community should be.

THE PRISON SERVICE

This day was a joint initiative between the Prison Service and Community of Communities, and marks the first stage in the collaborative process of combining the peer-review process with the Prison Service TC Audit Process.

THE NEXT STAGE?

To view the current set of Standards and find out more about Communities of Communities please visit our website at: http://www.rcpsych.ac.uk/cru/communityofcommunities.htm. Input is welcomed from all communities, both members and non-members. However, if your community is not a member of the network and you are interested in joining, then please feel free to get in touch.

Please contact either Adrian Worrall at *aworrall@cru.rcpsych.ac.uk* (020 7227 0844), or Joanne Moffat at *jmoffat@cru.rcpsych.ac.uk* (020 7227 0847).

COMMUNITY OF COMMUNITIES: THE ANNUAL FORUM

Rex Haigh and Joanne Moffat

The second Annual Forum of the Community of Communities was held at the Royal College of Pathologists on 20 February 2004. It was the third Large Event of the project, and was attended by 97 people from 30 therapeutic communities, including many participants from Greece and Italy, and numerous service users and ex-service users. The day opened with a presentation of the project and results, comparing how standards had been met in the first and second years, followed by brief presentation of the successes and future potential for collaboration with statutory agencies in the prison, NHS, educational and social service sectors. Then the main work of the day began: three hour-long sessions divided into small groups in which eighteen communities presented details of their work in whatever format they chose - including panel sessions, dramatisations, discussions, and question and answer sessions. Each community presenting their work distilled it into one "best idea from 2003", which will be collated, circulated and find its way to our website. The day closed with the third community meeting of the Community of Communities, a presentation to Sarah Tucker for her excellent work over the project's first two years (she is leaving to work as a group therapist at Grendon Prison; see Community of Community News, above), and encouraging remarks to close the day from Prof. Paul Lelliot, President of the Royal College of Psychiatrists.

For pictures of the Forum please view the project's embryonic website located at www.c-of-c.net.

ANNUAL BRIGHT IDEAS 2004

Eighteen communities gave presentations in informal small discussion groups at the second Community of Communities Annual Forum. At the end of each presentation each community was asked to decide their best idea for 2004. Responses follow:

Community	Idea	Contact
Acorn Programme	• Group G and two senior clients and two staff to stay for a week in another TC. • Outreach Education. • Compulsory time in the community (outside). • Doing more fun activities.	01904 412551 Ext 2912 www.retreat-hospital.org
Cassel Hospital	• Ongoing support for people leaving communities, such as support groups and outreach. Have a staged reduction of support.	Amanda McKenzie
Cearpes:Mandolo-Itaca	• Some shared criteria for assessment of client diagnosis and symptoms within the Community of Communities (and beyond).	Dominique Quattrochi
Henderson Hospital	• "Translated for Clients" website with sections on different aspects of the 'story', e.g. new, senior, leaving. • We have an Internet site by professionals for professionals. We will rewrite it so that it is for residents written by residents. It will include section for new residents and what the leaving process is like.	Amber Raine, Frances George, Pete de Gale, Sallie Williams, Mathew Bowen
HMP Blundeston	• Have a BBQ.	
HMP Dovegate	• 'Cloud of Chaos' concept.	
HMP Gartree	• New inmates to have a sponsor.	
Il Porto	• Brainstorming on the role of informal moments in the TC to understand how therapeutic they are. Sometimes they are more therapeutic than therapy groups.	Daniele-massarani@fastwebnet.it
IPTS Guys Hospital	• Looking at rituals in terms of what is rational and helpful.	Adam Jefford
Kypseli	• More informal activities for client members to take responsibilities and interact with each other.	Kleopatra Psarraki kleopsar@hotmail.com Angeliki Nianiaha

("Bright Ideas" continued)

		nianiaha@yahoo.gv Tel/Fax: ++2108619577
Lancaster Lodge	• Each community should experience a project action committee – making links with neighbours, local people for learning about community and community learning about local people.	Vasilli Magalios 0208 940 1052
Ley Community	• Secondment to other communities are better than day visits.	Paul Goodman
Ley Prison Programme	• Secondment idea. • Expanding the length of the programme. • Full team training. • Integrating cognitive skills with the programme.	
Main House	• Systems of reviews providing continuity for clients, particularly those who would not receive Community Psychiatric assessment.	Chris Newrith Jan Birtle
The Grange at Cawston Park	• Developing the telling of a 'life story' in a group setting. • Possibly developing effective small group work at 'crisis' groups.	George McPearce
Urbania	• Exchange resident members for 7 days between two communities and then ask them to write a report on their experience.	jpmannu@hotmail.com
Winterbourne House	• 24 hour support system for members. • Fighting for survival.	
Young People's Service	• To utilise the insights gained from our internal review process and to link this with our literature.	Yvonne Barret Sue Greenland 01223 726145

FEEDBACK ON THE ANNUAL FORUM

The following feedback about the Annual Forum was received from 14 participants:

PLENARY SESSIONS	Excellent	Good	Average	Fair	Poor
Presentation of selected key findings - Sarah Tucker	**50%**	**50%**			
Charterhouse Group - Jane Barnard	**86%**	**14%**			
Prison Service - Gina Pearce	**7%**	**72%**	**14%**	**7%**	
NHS - Dr Rex Haigh	**7%**	**86%**	**7%**		
Voluntary & Independent Sector - Sarah Paget	**29%**	**64%**	**7%**		
GENERAL					
What was your opinion of the venue?	**64%**	**29%**	**7%**		
What was your opinion of the catering?	**86%**	**7%**	**7%**		
What was your opinion of the forum administration?	**64%**	**29%**			**7%**
Overall, how would you rate the forum?	**50%**	**43%**		**7%**	

GENERAL COMMENTS:

Extremely useful day - fantastic chance to compare practice/share idea

2 hour block from 1.30 – 3.20 was long - could have done with 5/10 minute break in the middle

Would have liked a proper meal - having travelled a considerable distance to get here for 9.30am - a 'hot dinner' would have been welcome

Would also like more opportunity to switch workshop (I guess I could have done this). Overall excellent day

We felt that the reception staff (to the forum) could be more approachable to client members and not just professional visitors

A designated smoking area would be nice

Better seating arrangements for lunch

More large group sessions

Very enjoyable day, very interesting

Very pleased that time limits were respected

Very interesting discussion groups

Difficult for people from other countries! Sometimes too low and speedy and difficult to understand

Everything for great except for the incorrect spelling for name of our community

So much to go through in so little time

Would have liked another day to dissect & better understand some of the points brought up

I didn't understand the key findings

Do wonder if the discussion groups could be presented around a theme or likely to produce a debate - so there is active exploration from the findings of the review

FORUM 2004

THE UNITED COLOURS OF THERAPEUTIC COMMUNITIES

Joanne Moffat
Community of Communities

The second cycle of the Community of Communities has been a success, with the expansion of the network and forty-one peer-reviews being completed. The extension to Europe and beyond reflects the aim of uniting TCs as members of one 'International Community'. Below are contributions from several of the European TCs who joined this year, with information about the services they provide and their experiences of the review process…

1. FROM ITALY

Community of Communities Project: *A Few Reflections About Visits*

José Mannu
Comunità Terapeutica Urbania
Rome

INTRODUCTION

During our Community of Communities review visits one of the issues that emerged most frequently was that of the TC organisation and, to be more precise, the issues of change and of treatment.

We would like to emphasize particularly the issue of treatment, because the review visits have had a therapeutic effect on the residents who took part in them.

THE REVIEW VISITS

The issue of change is quite interesting because it highlights an implicit and basic goal of any organisation: that of survival. But I found it very interesting to observe the experiences of some of the residents who took part in the review process.

Some of the residents have co-operated in the process, and I must say that for some of them it has had a stimulating and facilitating impact, creating a change that gave them new communication opportunities. Having a chance to compare one's situation with that of other patients, the feeling of being a spokesman of a specific identity, and taking part in discussing the problems expressed by another community have had a positive and unexpected effect which should be further analysed and thought about.

We have observed two different sets of responses to the review visits: Some of the residents have actively participated in the discussion, while other residents have listened, remaining silent. Those who listened managed to keep in touch with the reality of the discussion and made their presence felt in the group that was discussing problems and looking for solutions. One of the residents who usually has strong autistic behaviour travelled with us on the train, silently took part in the discussion, and once back in the TC has begun to talk about his religious delusion and his hallucinatory world. This has enabled us to communicate with him and to build an important therapeutic relationship.

I can't go more into details about this observation in this short paper, and of course it is so far pure phenomenology, without any claims of being hermeneutic; I just wanted to point out that these review visits might have therapeutic potential, and it can constitute an additional objective to the main and declared objective of reviewing TCs.

Could the group - made up of the review team and the team reviewed - be defined as a therapeutic group?

Perhaps no, strictly speaking, but we could reflect about the meeting as a moment to share problems at the group level and, at the same time, to construct new boundaries at the intra-personal level. In other words, to meet others' guests, to have a new role, to hear about others' programs can be a stimulus to open new possibilities of interaction.

I think it could be an added goal of the project. We need to think over the new possibilities that are opening with these experiences

Raymond Gledhill TC

Dott. Aldo Lombardo,
Direttore
Sanitario Comunità,
Rome

Our TC has 16 resident places and offers its service to a variety of people diagnosed with psychiatric disorders, aged 18 - 65. Just before the visit we had several problems, but we decided to concentrate mainly on 'Joining and Leaving the Community'. The effect of the pre-visit time was not stunning, as people thought it was just another idea of mine, the director, to get them to participate in something new and good for the community - just as an opportunity to 'get them going'. When the visit finally arrived, residents and staff were all keen to show off how good this TC is, and everyone was punctual to the greeting meeting. Although residents did not expect to receive seven people, the initial anxiety was well contained and a constructive group discussion took place. We learned about a clever way to look for jobs for the clients leaving the community, and were stimulated to improve our way of having new clients join the community. A new inner Regulation was voted after the visit, and peace and tranquillity were provided until Christmas, the worst time of the year to celebrate families' failures, I reckon.

We now have a clearer way to accept new 'customers', and new problems as the residents' group wants to modify the 'Regulation' but cannot find satisfactory consensus. On the whole, the preparation for the visit and the actual presentation of how we work has increased cohesion for a while. At the moment we are in the middle of finding yet a new way toward self-management and empowerment. The general feeling is that staff can benefit more from another visit next year.

Comunità Il Porto

Matteo Biaggini
Turin

The Community "Il Porto" was established in May 1983 by a group of Italian psychotherapists, family therapists, and art-therapists trained in New York at the Community Areba, managed by Daniel Casriel.

From the beginning, the Community management has tried to prevent the Organisation from transforming into a "rigid structure", fostering the coexistence of different theoretical models, different professional and non-professional practitioners, and the integration between therapeutic phases and daily life experiences.

The Community mission is to treat and study the existential suffering of young people in all its forms and manifestations. Relieving the residents' suffering is the main duty we have to respect, if we want to meet the expectations of all the people that work with us and rely on our expertise. It means to study the existential suffering in all its forms and manifestations, and to try and treat it with all the tools we have, dealing with the residents' pathological states and psychological pain in order to reduce them to a tolerable level that will enable a realistic and prolonged social rehabilitation. Moreover, in the accomplishment of this objective it is necessary that we consider the specific features of each individual resident that are expressed during the Community treatment

At present, the Community, which is located in Moncalieri (Turin), consists of three units: one for patients with psychiatric problems, one for people who suffer both from psychiatric disorders and drug-dependence, and a third for residents in an advanced phase who show greater autonomy.

UNIT "A" - FOR RESIDENTS SUFFERING FROM PSYCHIATRIC DISORDERS

This Unit provides a home for 20 residents aged between 20 and 40, assisted by fifteen TC practitioners who work in shifts and guarantee 24 hour coverage. The work model aims at integrating the residents' participation in Community life and the more recent psychotherapeutic and pharmacological instruments.

The project requires the resident to participate in the daily activities, such as a group on communication in interpersonal relations, two weekly groups on non-verbal communication and body expression, and one weekly group on the different activities for the daily running of the community, such as house-cleaning and facility management.

The TC aims particularly at promoting resident's personal care, the care of individual spaces, the respect of other people's spaces, and the management of money. The residents complete some self-report forms on these aspects, and then discuss them in individual or group sessions.

The rehabilitation is promoted through working experiences outside the Community and supported by staff members. Individual counselling is provided by the Community's psychiatric consultants.

The TC provides comprehensive family services programs, to involve relatives and help them to gain a better understanding of the community treatment.

UNIT "B" - FOR RESIDENTS SUFFERING FROM PSYCHIATRIC DISORDERS AND SUBSTANCE ABUSE

This Unit is located in a building which has been recently restored. It is a 20 bed unit for patients with psychiatric disorders and substance abuse problems. The staff group is coordinated by a psychiatrist and a psychologist, and includes a medical doctor and twelve practitioners (psychologists, psychotherapists, social workers and nurses).

The therapeutic program provides an individualized project defined after an initial period. Each resident has a key staff member. The project focuses especially on time and money management, and aims at fostering residents' ability to manage complicated emotional situations. The therapeutic program includes individual counselling and:

- Involvement in facility management responsibilities.
- Participation in groups and chores (operating and therapeutic groups).
- Participation in groups specifically tailored to resident's needs in specific stages of their treatment (admission groups, groups for people who perform some activities, goal review groups, non-verbal groups).
- Involvement in working activities (Community Cafè, repair services, etc).

At the end of the program the resident can move on to a smaller and more autonomous group where he can focus on the process of social rehabilitation through education and work.

REHABILITATION UNIT

This is a six bed unit for residents who have already completed their program in one of the other two units and need a further rehabilitation stage that will help them achieve greater autonomy. It may also provide a home for people who need a short term period of assistance.

- The unit promotes return into the local community, to the family and working life, helping the resident to achieve the best possible and sustainable balance.
- The project focuses on social life aspects that take place in the unit (daily organisation, management of money, relationships with peers, staff members and the Community), personal life aspects, use of medication, rehabilitation to social life (job, education, accommodation, use of leisure time).
- The unit is located in the building's loft, which was recently restored into a comfortable flat; and all the daily activities are organized and shared according to a family model, where everybody shares tasks and responsibilities.
- The residents are supported in making any contact with the outer world, and the project is outside-oriented. The staff team can activate assistance initiative and help the resident attend training courses which are included in the boarding charge. The programs usually last 7-8 months.
- The unit is managed by a psychiatrist and a psychologist. TC practitioners, psychologists and social workers provide assistance from Monday to Friday from 9 a.m. to 9 p.m., and there is always someone on call during nights and week-ends.

In the last months the Community has been discussing the possibility of changing the diagnostic criteria used to refer patients to the two main units. The increasing need to provide specific interventions for personality and psychotic disorders should lead to a specialisation of the two main units in the treatment of the disorders of the axis I and II of the DSM, while the use of substances would cease to be the main criterion.

In order to better evaluate all the implications of such an organisational change, the Community is providing some specific supervision with the help of many experts – among which Dr Robert Hinshelwood (psychiatrist and psychoanalyst, previous director of the Cassel Hospital) and Prof. Maffei (psychiatrist, psychoanalyst, he has founded the Italian Association for Personality Disorders).

COMMUNITY OF COMMUNITIES

Our first thoughts about the Community's involvement in the Community of Communities project have highlighted some contradictions. The idea of being part of a review project has been quite welcomed by staff and resident members: as a matter of fact, they have shown interest and participation both during our visit to the Community Gledhill in Rome and when we received the guests of the Community Urbania. There was also some sort of excitement at the idea of being part of a new project that gave us the possibility to feel free, like a boat that casts off to explore new community landscapes. However, some resistances emerged during the self-review compilation: initially, we were able to involve a very small group of resident and staff members. Later on, when we proposed to compile it more precisely during the Community Meetings - monthly groups open to

all resident and staff members of the three different units - the idea was not accepted in a positive way. Despite the fact that each unit had already discussed the self-review in other groups, it was really difficult to gather all the contributions and manage a shared discussion. One issue is particularly important and has emerged clearly during the process: to what extent do the residents feel free to express their own opinion on crucial aspects of the Community life?

We had the impression that residents have still to find out that they can have their say about the TC. Feelings of helplessness and uselessness prevailed during the discussion, and they somewhat mirrored the experiences of the staff group.

Through their participation in review visits, staff members expressed their need for an open attitude towards other experiences. However, we wonder if this need might be connected to claustrophobic feelings which are not completely acknowledged and are triggered off by the strong propensity to 'act out' which is typical of TCs.

Activating and maintaining a real discussion between all community members – staff and residents – on the main TC issues was a difficult task. The review standards deal with complicated and sensitive organisational aspects of our TC, and oblige us to raise questions on our treatment model. We must also consider that the complexity of our Institution, made up of two main communities and a third small rehabilitation unit, hinders the possibility of compiling the self-review file in a plenary session. And, therefore, we would really appreciate to discuss here with you all about your experiences in order to understand how other similar Institutions have managed to integrate this process of knowledge with the daily plot of therapeutic activities that structure our TCs.

Programme Phoenix, Bulgaria

Peter Vassilev, MD,
Programme Director
Teodora Groshkova, MSc,
Director Resocialisation

PHOENIX - LEGAL FRAMEWORK

Therapeutic community "Phoenix" is the first long-term rehabilitation programme for dependent individuals in Bulgaria.

The programme is a project of the "Institute of Ecology of Cognition", a non-profit, non-governmental organisation (NGO), the basic objectives of which are: the psychosocial rehabilitation of dependent individuals, the development of Cognitive-Behavioural Therapy, and development of activities contributing to prevention, training and research. Professor Paul Salkovskis, Maudsley Hospital, UK, is Honored President of the Institute.

Programme "Phoenix" is licensed by the Ministry of Labour and Social Policy (¹ 71\2001), and has a statement for good practice from the National Centre on Drug Addiction (¹ 32\ 2002.)

RESOURCES

Our team consists of 8 psychologists, 1 psychiatric nurse and 1 psychiatrist.

Programme Director is Peter Vassilev, MD, psychiatrist and psychotherapist. He is a graduate of West Deutsche Academie (Newreihian Psychotherapy), and has completed a four-year International European Drug Abuse Treatment Training Project, Director of the Project: Professor David Deitch, University of California at San Diego.

Director Re-socialization is Teodora Groshkova, BSc in Psychology, Cognitive Therapist, currently involved in the MSc external programme in Drugs and Alcohol: Policy and Intervention, University of London.

HISTORY

In 1999 we gained a grant from the United Dutch Foundations, and were also given support in kind (hospital equipment) by the non-governmental organisation Soroptimist. We renovated a former school in the village of Brakjovtzi for the purposes of a therapeutic community. Following that, we signed a contract with municipality Godech for renting the building. We began the realisation of the programme in the village of Brakjovtzi in June 2001.

In order to start our activity, it was necessary to create a therapeutic environment. We began with four residents, with whom we established the daily regimen, the rules and expectations of our community. They turned out to be successful, and thus became the heart of the new culture of behaviour.

The Programme for Re-socialization is supported by the Department for International Development (DFID) at the UK Embassy in Sofia, Bulgaria.

INTERNATIONAL AFFILIATIONS

In April 2002 Phoenix became a member of the *Association of Therapeutic Communities* (ATC), an organisation which aims to promote and provide information on the work of TCs, support the work of TCs and other organisations providing a therapeutic

environment, create a forum of research, debate and inquiry into the work of TCs.

In May 2003 Phoenix became a full member of the European Federation of Therapeutic Communities.

THERAPEUTIC MODEL

The therapeutic programme is based on social learning theory and principles of Cognitive-Behavioural Therapy. We believe this model gives our residents a unique chance to improve their functioning in the spheres of behaviour, cognition, emotions and social skills. The growing body of research in the field shows that it is the multidimensional influence which secures significant and long-lasting changes in behaviour and lifestyle of dependent individuals.

The messages for change in our community are inherent in every element of the social and the psychological organisation. We believe that the rules which we have created, the clear norms, and the hierarchical organisation increase the culture for change. The different social roles and interpersonal relationships facilitate the therapeutic process.

To achieve the final goal, which we define as behavioural modification and personal growth, the residents must fully immerse themselves in the community life. Taking part in all of the activities of the daily regimen develops the learned skills and integrates the changes in experiences and image of self and world within a new lifestyle. The whole change unfolds as a process of development, reflected in the stages of the programme. The skills acquired at each stage enable the learning at the next one, and thus the change reflects the move towards the aim of rehabilitation.

PROGRAMME STAGES:

1. Orientation (1-2 months)

A period of adaptation to the people, environment, and daily regimen of the community.

Initially we pay attention to behaviour, self-control, and the development of skills for responsible performance of daily tasks. By the end of the Orientation the residents are expected to understand community norms and social organisation.

2. Primary treatment (6 months)

During this stage the expectations of the community for entire and active participation in all activities and roles are significantly increased. The residents actively explore their relations with the others, as well as their strengths and weaknesses. A significant element of the behavioural modification and personal growth is the management of responsibilities towards themselves and the new residents.

3. Re-entry (1-4 months)

The final stage of the residential programme is oriented towards reality in the larger community outside. With the help of the group each resident prepares his own project of life, and tests the skills learned in the therapeutic community. During this period the residents actively participate in sessions for relapse prevention, which increase their understanding of the relapse process and strengthens their skills for identification and management of high-risk situations.

4. Re- socialization (6-12 months)

The aim of the programme for re-socialization is enhancement of the skills learned in the Therapeutic Community, so that the ex-residents are able to practice their independence.

The programme is based in Sofia. It is organized in two phases:

Phase A: the aims here being finding a work/ continuing education placement, finding a living place, stability in social functioning.

Re-socialization Programme elements in Phase A:

- *Psychodynamic groups:* once a week;
- *Groups for working with reality:* once a week: focus on social skills, problem solving, and stress management;
- *Individual sessions:* once a week;

Phase B: the aims here being autonomy, a network of other non-addicts, apart from those who have successfully completed the programme.

Re-socialization Programme elements in Phase B:

- *Support groups*: once a week;
- *Individual sessions:* when needed

FIRST RESULTS

Since the beginning of the programme 48 young people (average age 22 years) have successfully completed the whole programme. Relapse rate: 16% at one year follow-up. The majority of successful cases are presently continuing their education or working. Reaching and keeping a high percent of full-time occupation (employed or student) has been a priority for both staff and client members.

According to the progress notes kept for each individual client member over the entire period in the resocialisation programme it can be summarized that:

i) In terms of *occupation*: a very high percent of full-time occupation (employed or student);

ii) In the area of *social functioning:* all clients have a stable place to live (mostly with their parents' families) and have supportive friends or relatives who are drug free. One of the main achievements in this area is that generally, the quality of life of our clients and their families has improved.

iii) In terms of *general health:* clients have reported no significant health problems;

iv) In terms of *psychological well-being*: clients appear well adjusted and relatively satisfied with the way their lives are going. According to clinical observations: self-esteem is gradually re-built, and the general anxiety in the beginning of the adaptation-to-reality-period that we have observed with some cases is gradually lifted;

v) *Criminal involvement*: no sale and/or distribution of drugs (incl. possible possession of illicit drugs for personal use); no burglary, robbery, violence against other persons, vandalism, or sex offences;

vi) *Drug/alcohol use*: one client member had an episode of heroin use that required more intensive level of care, and he had an individual plan and goals to achieve for a three-month period in the Therapeutic Community. The other clients remained abstinent; with the help of specific and general skills for relapse prevention taught in the Programme; and with the help of ongoing support they successfully maintain abstinence.

Main treatment goals in the area of the recovery environment that have been achieved:

· Development of living habits that promote abstinence and recovery.

· Development of community supports that specifically promote abstinent behaviour and a healthy lifestyle.

· Development of the skills necessary to establish and maintain close interpersonal relationships.

· Development of strategies and skills that enhance personal socialization.

· Development of plans for educational or vocational improvement as necessary.

· Development of plans for sustaining family recovery and achieving positive family relationships.

· Identification of community resources that may provide assistance for recovery.

Ongoing contacts are kept with the supportive social network of client members (family members or relatives with whom they live or other significant others and friends) who provide information on different aspects of client members' lives (occupation, drug use, social functioning/ relationships, general and psychological health).

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Participation in the Community of Communities

The peer-review at Phoenix Therapeutic Community took place on 24th and 25th September 2003, and was led by Paul Goodman, Chief Executive of the Ley Community, based just outside Oxford, England. The following is taken from the feedback sections of the final Community of Communities review summary, and is reprinted here with the permission of Paul Goodman and the Phoenix Community:

'The following things most impressed me about Phoenix Bulgaria:

1. The evident commitment of staff and residents to the programme.
2. The determination to establish a positive therapeutic culture regardless of the evident lack of resources.
3. The establishment of the Resettlement Programme.
4. The active public relations policy that has firmly placed Phoenix Bulgaria on both the national and international map.
5. Establishing a programme of taking on ex-residents in a volunteer role with a view of their joining the full staff team in due course.'

'I was particularly struck by the similarities between residents at Phoenix Bulgaria with residents at the

Ley Community. Although the physical conditions of Phoenix Bulgaria are very basic, the residents showed the same degree of gratitude for the chance to participate on the programme and 'change their lives' as those attending the Ley Community programme. The residents certainly had no difficulty in giving frank opinions in response to questions about the standards and were quite able to raise concerns about the way that they felt the programme was not working effectively (e.g. dealing with residents who failed to show motivation and were opting out of participating in groups).'

British and Norwegian Networks: THE COMMUNITY OF COMMUNITIES GOES TO NORWAY

Rex Haigh & Jan Lees

Dawn was just breaking as we left the lowering Elizabethan Raven Hall Hotel, the spectacular Ravenscar and North Yorkshire coast towards Robin's Hood Bay, and the Society for Psychotherapy Research Conference. As the sun rose, we tanked down the A64 and A1, which were remarkably traffic free, and arrived at Stansted in four and a half hours, all ready to go to Norway. An EasyJet advert said 'We fly to airports, not airfields'; after our one hour and forty minute Ryan Air flight to Oslo-Torp, we realised what they meant – Torp is one of them. An airstrip in a field, alongside a major road, and not a lot else.

Rex Haigh and Jan Lees in Norway

It took us two hours to get to Oslo on the Express bus, and by the time we had checked into our hotel at 10 pm, and were (very) ready to eat, our hotel restaurant was shut. As we found out very quickly, during the week, most Oslo restaurants shut either at 6pm or 9pm. We eventually found a restaurant which was open, and as someone told us later, it was one of the most expensive restaurants in Oslo – but it was full of people eating, and drinking red wine – the computer generation we were told – most Norwegians do not eat or drink away from home. We found to our cost that Norway is terrifyingly expensive - £5 for a glass of beer, £7.50 for a gin and tonic, £18-25 for starters, and a minimum of £40 for a bottle of wine – no wonder most Norwegians do not eat or drink out!

The next day, we got a taxi to Ullevål Hospital, to visit the Department of Personality Psychiatry, and Professor Sigmund Karterud. His day unit lives now in a new purpose-built ochre-coloured building, decorated in classic Scandinavian (or is it now Ikean?) style. We met his staff team, and had lunch with them. They had just moved out of the department of psychiatry, and Sigmund was to spend the afternoon moving his office, so we went to the Edvard Munch (the Scream) museum, where we spent a happy couple of hours being rather disturbed by his paintings. We guessed borderline and possibly bipolar, but serious scholars have done the same exercise a great deal more thoroughly and diagnosed paranoid personality disorder, transient psychotic episodes and intermittent abuse of alcohol.

Shortly after our return to our hotel, we were whisked off by Sigmund in his Honda Prelude - which, as she was the smallest, meant Jan was shoe-horned into the back. We went to Drammen, a town about 25 miles southwest of Oslo, to meet representatives of the Norwegian Network of Day Treatment Units for a two hour meeting, to discuss what it meant to them to be part of the Network and what the advantages and disadvantages were. The network consists of 13 units, and is basically a research-based data collection and analysis operation. Every unit in the network offers a programme up to18 weeks long, followed by twice weekly group analytic therapy for up to 18 months; membership requires them to agree to administer standardised diagnostic schedules on admission and regular research questionnaires to all client members. Each unit pays about £4,000 joining fee, plus a similar sum in the first year and every subsequent year. For this, they get computers, software, and every member of staff is trained to administer the research forms, and instruments such as SCID. The network employs

a computer expert who runs the computers and the training, and does all the analysis for the network as a whole, and provides each unit with their own data (see Karterud et al, 1998).

Members of the network also get an annual conference provided every year. We happened to have chosen to go to Norway at the time of their conference, so this is where we spent the Friday of our visit. The day started with two units new to the network being presented to the conference. Then we gave a presentation on Community of Communities, and the multi-centre research project. After this, a Norwegian health minister gave a presentation, with workshops and two more plenaries in the afternoon – one of which was 'Mr Network', as the co-ordinator is called, feeding back research results, but also presenting the network with all the mistakes they had made in completing the research forms! The conference dinner was held in the evening, with much entertainment. Apart from our talk, the whole day and evening were, not surprisingly, conducted in Norwegian – we had some help with translation, but what amazed us was how much fun we could have, and how much we could enjoy ourselves, without speaking a word of the language.

The following day, apart from working, we spent visiting the Vigelandpark – which is an open air park containing over 2000 statues by Vigeland, a Norwegian sculptor, on the themes of life and the family – again quite disturbing, but also impressive. We also found that our hotel, which apparently translated as the 'home for peasants', and was meant to provide a home from home for people from the countryside staying in Oslo, housed the shop which sells Norwegian national costumes, and jewellery. The national dress section was packed with mothers and daughters, apparently buying national costume for their first communion, to be held shortly. Rex bought a wonderful pair of elkskin slippers, while Jan was happy to buy Norwegian earrings and a brooch! In the evening we were very generously wined and dined by Sigmund Karterud, at the Theatercaffee – which was an impressive, bustling, typically European cafè/restaurant – with an ambience of easy luxury, amazing chandeliers, and perfectly drilled waiters!

We returned to England on Sunday, having had a close encounter with another network of therapeutic communities. We envy them their rigour, researchability and financial security; we wouldn't want to do without our own qualitative emphasis, democratic processes and general rough-and-tumble of being thrown together with each other's communities. So, hopefully, we both have much to learn from each other. We certainly came back overflowing with ideas for networking and research, and with a new recruit from Sweden for the Community of Communities (if with big holes in our pockets and fish in our tummies!)

References

Karterud, S., Pedersen, G., Friis, S., Urnes, O., Irion, T, Braband, J., Falkum, L. R. & Leirvag, H., 1998, The Norwegian Network of Psychotherapeutic Day Hospitals, *Therapeutic Communities*, 19:1, 15-28

We came across a version of the following article on an Internet magazine site called Brazzil (www.brazzil.com), got in touch with its author Jamie Braun, a University of Florida journalism student, and have been given her permission to reprint it here. See her note below on how she came to write the article, which also gives the University of Florida website address for the article there, and some of the photographs which accompany it .

Stories from Brazil:

HALFWAY HOME

By Jamie Braun

Felipe Moises Borges can't remember his mother. She died when he was just a toddler, leaving him to live with his father.What he does remember, however, are the fights with his new stepmother. Eventually, they got so intense Felipe decided he couldn't live there any more. "My dad said he wasn't going to lose his wife because of me," Felipe says. "So, I left."Homeless at 13, he turned to his friend and employer, a man who sold fruit on the street, for help. After living with his boss and several different friends for a few weeks at a time, social services sent Felipe to Nova Vida for what was supposed to be a one-week stay.

That was nearly two years ago.

"I came here because I had nowhere else to go," says Felipe, now 16. "If it weren't for Nova Vida, I'd probably be living on the street."

Founded in 1998, Nova Vida is a home in Novo Hamburgo, Brazil, for boys between the ages of 12 and 18 who can no longer live with their families, for reasons ranging from drug addiction to abusive parents. As one of nine children, Felipe looked to his older brothers and sisters for a place to stay when he could no longer live with his boss's family, but they refused to take him in. "When I really needed it, they wouldn't help me," he says. "Now I don't consider them my family anymore."Like many of the Nova Vida residents, Felipe has run away a few times, but he always comes back. One time he left to live with his girlfriend, only to return in tears a week later when she went out with another boy. "It was his first broken heart," remembers Nova Vida coordinator Marilene Paré Vargas de Souza. "The poor thing."Although now Souza and Felipe have a good relationship, it was an argument between them that caused Felipe to leave Nova Vida the second time."It was really hard to come back after all the fighting, but it was easier than having to adapt to a new place," he says. "I had to fight with myself to come back again, but I was able to overcome my pride and ask for help."

A New Life

Some come from broken homes or abusive parents; others learned violent behavior while living on the streets. Almost all are chemically dependent on drugs ranging from tobacco to paint thinner, which is often inhaled by street children to lessen hunger pains.

Whatever their story, they all come here searching for a Nova Vida – a new life.

Nova Vida took over an existing building previously used for a similar organization, and inherited a few of its residents. In its four-and-a-half years of operation, more than 90 young men have lived here looking for a second chance at life.

Everyone is required to attend school, with most of the older residents choosing to go at night. They fill the rest of their time with arts and crafts, percussion and guitar lessons. The boys also take Capoiera, a Brazilian martial art set to music. With a weekly chore schedule, the boys take turns cooking, cleaning, sweeping, gardening and doing laundry.

Looking through a small photo album, Souza explains that some of the boys thrive in the stable, structured environment Nova Vida provides, such as one young man who recently earned a scholarship to Feevale University. But others never really adapt and end up back on the streets – and, unfortunately, back into their old habits.

Her voice softens as she points out two teenage boys who died of AIDS, both contracting the disease by sharing infected needles on the streets.

Despite these tragedies, Souza says she and the other monitors will continue to work to improve the lives of some of Rio Grande do Sul's forgotten children.

"It's sad when things like this happen," she says, "but we have to keep on working to help these boys. They need us to be there for them."

Spiritual healing

The boys climb out of their bunk beds at 7 each morning, even on weekends. A strict schedule teaches them to replace old behaviors with new ones, says Souza.

By 7:30, everyone is dressed and in the dining room, ready for breakfast. Jorge Luis Coelho Neves, 18, leads the morning's prayer. All 11 boys join hands as Jorge thanks God for the food, asking that everyone remain healthy.

Airton Luiz Grahl, one of the monitors, comes into the circle as the boys close their eyes to recite the Oração da Serenidade (serenity prayer). The boys say the prayer numerous times a day, and it is central to their recovery.

"God, grant me the serenity necessary to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference," they say in unison.

The boys sit silently at two long tables, clearing away the brown checkered tablecloths and small, decorative plants to make room for the food. They scarf down a breakfast of homemade bread, butter and hot chocolate, and then quietly take their plates to the kitchen.

Grahl teaches the boys to be disciplined in everything they do, which is why they must remain quiet during mealtimes.

Grahl and the boys then go to the meditation room for the morning prayer session.

Felipe starts by reading "Your Project and Your Life," from the "Start of Happiness" prayer book.

After several songs and prayers, the group gathers in a tight circle for the second time that morning to recite the serenity prayer. This time they put their arms around each other's shoulders, as if in a football huddle, ending with a loud cheer for strength – "Força!"

One of the family

Emerson do Rosario bounces into the Nova Vida dining room carrying a picture, clearly trying to explain something to the other boys.After some Charades-like gestures, and a lot of pointing back and forth between himself and the picture, he gets the message across that this is his school.Deaf since birth, 24-year-old Emerson often has a hard time communicating.

Over his eight-and-a-half year stay, the monitors have each learned some sign language to communicate with Emerson, but the boys at Nova Vida find it difficult to understand him.

Emerson was sent here after both his birth mother and adoptive mother died. He has an adoptive sister, but she is also very poor and cannot afford to take care of him.

The monitors are working to find Emerson a job training program so he can be independent. They are also trying to get him a hearing aid, but because Nova Vida relies completely on donations, that much extra money is very hard to come by.

Despite not being able to communicate, he is an integral part of the Nova Vida family, says psychologist Bauer Orçina Rodriguez.

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"I wrote this article," explains University of Florida journalism student Jamie Braun...

... as part of a program called Florida FlyIns. This is the fourth year of the program at the University of Florida, and each year students have traveled to a Latin American country for about 10 days to write and photograph its people. You can see our work from Brazil (or any of the other countries from past years) in our online magazine at www.internationaljournalism.com. There is also a section that explains the program on that site.

I worked with photographer Jennifer Katsamantou before we left for Brazil to develop story ideas. We knew we wanted to do something involving children, but we weren't sure what. Through our research on the country we learned about its problem with street children, although the problem is significantly worse in the north, and we were going to the southernmost part of the country. We had lists of places we wanted to visit, but before we got there we could not be sure how it would work out.

When we arrived in Brazil, we all got paired up with translators from Feevale University. Thankfully, our translator had moved to Brazil with her family 4 years ago from the US, so her English was completely perfect with no accent at all! She was a great help to us because neither me nor the photographer speak any Portuguese.

After visiting a ton of orphanages and other places designed to keep kids off the streets (and all of them saying we could not take any pictures of the kids), we found this place called Nova Vida. They were happy to help us and allowed us to stay there all day, each day, until we left the country. They allowed us to take pictures because the story was not going to be published in Brazil, so they decided it was within the rules. Jennifer chose one person to follow around all week and photograph. I went to all the different activities with the boys and took a ton of notes, and with the translator's help I also tried to interview some of the boys who wanted to talk to me. We also played games with them, tried to teach them a little English and tried to learn a little Portuguese ourselves.

Jamie Braun

He is always included in every activity, from therapy sessions to leading the nightly prayer sessions.

"It wouldn't be the same without him here," he says. "He's such a sweet boy."

Nontraditional therapy

Peri Brizola, 16, Geferson Roberto Correa de Andrade, 12, Felipe and Emerson lie inches from the floor on torn, mismatched mattresses, ready for their group therapy session.

The brick walls of the therapy room are painted a bright yellow, accentuated by the warm afternoon sun shining through the green and white striped curtains. They lounge on large, brightly colored pillows lining the room.

Rodriguez relaxes the boys by turning off the lights and putting on soothing, New Age meditation music in the background. A small fan purrs in the corner.

Rodriguez soundlessly walks across the room in his socks, asking the boys to close their eyes and to visualize a cave, "like playing a movie inside your head."While still concentrating on their breathing, the boys visualize a cave with a light at the end the tunnel. Peri breathes deeply and covers his face with a black baseball cap, just as they are to pass the light and enter a room where they will see their true selves.

Geferson says he sees a boy running by houses, while Peri sees himself running through an endless field. After completing this exercise, Rodriguez believes they have reached the subconscious state where he can begin to pull out their deeper problems.

Rodriguez has worked four days a week since Nova Vida opened, using nontraditional spiritual and relaxation techniques in conjunction with traditional psychoanalysis.

He has studied aromatherapy, cosmotherapy, color therapy, and chakra, which promotes a free flow of energy throughout the major energy and nerve centers in the body. Rodriguez is also a master of Reiki, an ancient Japanese practice of using light touch to transmit healing energy to the participant. He sometimes also incorporates fire, Native South American drums and incense in his therapy sessions.

"I can reach the subconscious faster with the aromas and the music," Rodriguez says. "All delinquents are very resistant. It's easier to get around this resistance to reach their deeper problems by using very loving and gentle techniques."

In addition to meditation and relaxation, Rodriguez has also devised several methods for dealing with chemical addiction. A blue Alcoholics Anonymous keychain with the inscription "Clean and serene for six months" was the inspiration for his use of colored medals for the boys.

Rodriguez created four different types of medals, each corresponding to a different drug: marijuana, tobacco, alcohol and paint thinner. Boys receive a new medal every 15 days until they have been sober for two months, then once a month until they reach the nine-month goal.

Rodriguez emphasizes that although most kids here are also hyperactive, he does not put any of them on Ritalin or any other drug.

To contact Nova Vida:
Associacao da Crianca e Adolescente de Rua - Nova Vida
Rua Marcirio J. Pereira No. 120
Barrio Primavera
CEP 93340-010
Novo Hamburgo
RS – Brasil
South America

"These kids are already chemically dependent," he says. "We need to show them that there are other ways to get pleasure, for example, love, respect and life."

After nine months of sobriety, the boys get a diploma and a graduation ceremony. Roriguez consciously chose nine months as the goal because it symbolizes the gestation period.

"Once they are clean for nine months, it's like a rebirth into the world," he says.

Giving back

At 17, Jorge was already heavily into drugs, buying marijuana, crack and cocaine on the streets. He lost his job as a handyman because of his addiction, and started stealing from his family to support his habit.

Jorge would offer to go grocery shopping or pay a bill, and he would always tell his family the bill was a little higher than the actual amount. He'd then pocket the extra money.Soon even the little he could take from his family wasn't enough, and Jorge tried to rob a bus for more drug money. He was arrested a year ago and sent to Nova Vida by social services.His transition into the Nova Vida routine was easy – thanks to the extra therapy he received during his first few weeks here.

"I like it a lot here because it's here that I learned everything I know," says Jorge.

In late October, Jorge will leave the familiar surroundings of Nova Vida for a 9-month stay at a secluded therapeutic community where he plans to conquer his drug addiction for good.

"When I get better for real, I want to go back and show them who I really am," Jorge says of the family that no longer trusts him.

Jorge will then return to Nova Vida to work as a monitor, disciplining some of the same boys he lives with now.

"I already discipline them now, so it shouldn't be too hard," he says. "I know it will be a challenge, but it will also be a pleasure to be the youngest monitor and to help the kids."

Stories from England:

BLACKTHORN GARDEN - MY DAY IN PARADISE

Claudie Whitaker

I am a student of Humanistic Counselling, soon to qualify, and a passionate gardener and vegetable grower. As part of my training, I decided to do some research into gardening and therapy. I was invited to spend a morning at Blackthorn Garden near Maidstone, and this is a very personal account of how I experienced the garden and the people working there.

Tucked away in a secluded spot near Maidstone is the Blackthorn Garden. You can't see the garden from the road; instead, an attractive, modern building which houses the Blackthorn Medical Centre.

Walking round the side of the building, I came into a pleasant, sloping, landscaped area with seats and water. Following the path up the gentle hill I arrived at what felt like a little piece of heaven - the walled vegetable garden. I saw large greenhouses packed with seedlings and plants neatly organised. There were people in the greenhouses, carefully tending the seedlings, bent over with great concentration. The garden is surrounded by a high wall and, though large, feels hidden and safe and enclosed. Some might imagine that gardens in February are barren and windswept, but not this one. Everywhere I looked there was activity and things growing.

Passing rows of plants, herbs in pots and in the ground, cold frames and freshly-dug patches of soil, I arrived at a painted wooden one-storey building. This is the café and bakery, a spacious, light, friendly space full of tables, chairs, and happy-looking people dressed for a day in the outdoors. These were a few of the co-workers, the people who make use of the opportunities at Blackthorn. They come from all walks of life, all ages, and all have different problems that have brought them to Blackthorn. For example, many are struggling with mental health difficulties such as depression or schizophrenia, or have had breakdowns following traumas in their lives, or are physically ill with cancer or MS. They were very willing to talk about their experiences and I was made to feel welcome and accepted very quickly, as I explained to them why I was there.

A tall man with a kind face walked in; this was Graham Carpenter, who runs the Blackthorn Project. My first impression was of a strong, energetic presence, and a man who could make things happen. He disappeared with a small group to have a quiet session of readings and thinking. I stayed behind, chatting with some of the co-workers about the garden and what they were going to be doing that day.

Sitting down with Graham in his office a bit later, my overwhelming impression was of his great passion for the work and great empathy and warmth towards the people who come to Blackthorn. He explained that part of the ethos of Blackthorn is to help people get back in touch with nature. In doing so, this helps them rediscover some joy in living, and encourages them to work through their "personal struggles".

The idea of Blackthorn is that people can come and work together either outdoors or in the bakery or café, in an environment which is kept safe for them. They are encouraged to learn new skills which would benefit them in the outside world. The café is open to the public, and their produce can also be purchased. Each person has a specific rôle which helps them feel they have a purpose and are valued. For some, this could be their first ever experience of being a valued and significant member of a community and, as such, can be very positive for them; and also very daunting to begin with. Each of them is held in an atmosphere of support and understanding, and has the freedom to express emotions in a safe environment. Other than violence, anything goes here, and individuals are encouraged to express their feelings in any way they can. Graham and his colleagues are a constant, calming presence, and the co-workers work in an environment of mutual support and acceptance, both between them and the staff, and between each other. I felt as if I could have

talked about anything, and it would have been OK; a bit like going to a counselling session.

Not a stranger

A very happy part of my morning was spent working alongside some co-workers in the garden, planting box hedging. Gardening is my passion, and I have turned to gardening in the past to heal my own depression. Thus, I was keen to hear their points of view and how they felt it helped them.

As we shared our experiences, it was re-confirmed to me that working in a vegetable garden and growing things, being a purposeful and satisfying occupation in itself, is the ideal medium for providing a base on which damaged people can rebuild their lives. The symbolism of working in a garden can provide a dialogue for those of us who can't physically talk about our experiences. For instance, noticing someone feeling the need to do the weeding and nothing else - what could be going on for them? The idea of planning ahead could be very frightening for some - why? Having the opportunity to look at issues in a different way through this most positive medium seems very simple, yet very useful.

The size of the garden means that a lot of planning needs to be done, particularly as it is organic, and positioning of plants and soil maintenance is extremely important. Every co-worker is given the opportunity to have a say in planning the garden, which makes them feel valued and heard, which in turn boosts their self esteem. When they see how their contribution works out in practice, they have a sense of achievement and pride. The physical aspect of working outside is also important to them, making them feel fitter, and giving them a sense of well being, perhaps absent in other parts of their lives. Putting their hands in the soil, sowing, planting, tending, even building the compost heap is earthy (literally!) and basic, and puts them back in touch with the physical world. The healing process comes with that feeling of getting back to basics, almost going back in time and forgetting the traumas and difficulties of modern life. Learning to trust that something good will come of their efforts and seeing a plan come to fruition is part of the work here, and is of huge significance to many of those who talked to me. There is hope in the sowing of seeds, and love in the nurturing of the plants, and satisfaction in reaping the benefits. People who have lost direction and purpose are able to find it again here. The feeling of belonging somewhere, so important to humans and often lost during mental illness, returns to them while they work at Blackthorn, and means a lot to those I listened to.

As we worked, we had great fun, and they joked and laughed with me, as if I wasn't a stranger who had just walked into their lives. We exchanged views on gardening techniques, and I was given an interesting lesson in composting. During tea break, when I sat with the co-workers, I met a young man who had learnt a specific skill at Blackthorn and had just got his first job on the strength of it - a great achievement for someone who had previously felt unable to cope in his life - and the quiet pride in his face was wonderful to see. There was a lot of banter and backchat, and the atmosphere was fun and warm and friendly. Working in the garden, I felt that I was in a kind of paradise. The people looked happy - they were having fun - and these are people who have had immense difficulties in their lives. They looked happy, contented and focussed. How many occupational therapy units can boast the same?

The impact that the co-workers have on the garden and vice versa would have less significance without the presence, organisation, support and understanding of Graham and his colleagues. Graham brings all the parts together into one big interconnected wholeness. I think it is wonderful that Graham and others like him are bringing such hope and joy to people who thought they would never feel good again. My morning at Blackthorn left me feeling inspired, moved and humbled, and privileged to have been allowed to spend a few hours in paradise.

For more information on Blackthorn see www.blackthorn.org.uk.
To contact me: mcw@clara.co.uk.

Stories from the Pacific Coast:

EMBRACED BY ANGELS

Dennie Briggs

A short while ago, I was pleasantly interrupted from writing a piece on archetypal images by an invitation to have lunch with a former student of 38 years back. Linda and I had met in an introductory criminology course I was offering as a visiting professor at San Francisco State University. We were advancing a kind of guild-like apprenticeship approach to learning, where students were encouraged to take on small projects exploring areas of interest, learning some skills to carry them out and then assessing what they'd found out. Basically our approach was that of Maxwell Jones' concept of social learning through

group interaction. Max had been Visiting Commonwealth Professor of Social Psychiatry at Stanford. There were no lectures or examinations in our courses and students graded themselves. As a core teaching method, I employed Max's notion of the teacher as the "object" for learning by conducting an encounter group of freshmen which was broadcast on closed circuit television where other more advanced students systematically recorded the interaction. I then met with these students in a seminar to go over their observations, and attempted to give some rationale for my own behavior. In another weekly seminar (roughly termed "current social issues and creativity"), I invited people from the community to participate in a discussion about their lives and work: criminologists, artists, writers, musicians, etc.—and there was one with Maxwell Jones, who had consulted on the project. Near the end of the course I gave them some hand-outs on content, such as group dynamics, learning theories, and juvenile delinquency; part of the course was to each make up their own reading list as they progressed. And only then did the novices hit the books. There *was* a final exam after all: they met in small groups of five or six, presented their discoveries to their classmates and made plans for further learning.

Linda participated in all these projects (and eventually brought along her husband, a fellow student), graduated with a degree in sociology, and went on to post-graduate work. She became a probation officer, where she was able to use group methods with her clients who eventually were sex offenders, perhaps the most difficult to rehabilitate and the least understood in the criminal justice field. She was especially drawn to Native Americans and Latinos. Upon retirement, Linda joined the faculty of a college, teaching criminal justice, employing many of the procedures we'd worked out in our early projects. Her interests broadened, moving in the direction of the spiritual. She attended workshops in meditation, focusing, and guided imagery.

At a point, Linda decided the time was ripe for a major change in her own life: to give it more vitality, and allow herself room for further growth. Her children now away in college and her husband seeking a new direction, she decided to leave the comforts of an inborn Californian existence and seek out a totally new terrain, locating in a mountainous region in Colorado where she and her husband could be closer to the roots of Native American culture and mythology. And she began to give workshops herself. From meditation they moved into channeling, past life regression, out of body experiences, and so on. She began to get requests for individual consultations, and from organizations around the country for staff training; and since, has attended and conducted workshops in Norway and the Netherlands.

I was especially touched by her account of a consultation with a six year old girl at the request of her mother, who'd attended one of Linda's workshops. The child was invested with angels, flocks of them. (I almost wrote "obsessed", when I realized how *I* had backslided, already putting the child into a psychological straight jacket!) There were times when she flew with the angels, but on questioning said they had no wings—those of the church had to have them in order to satisfy their parishioners. More down to earth, she had two solid angels in her room: her guardian angel ("everyone has one, you know.") and, of course, Gabriel. Concerned about how others might view her investment, Linda and the girl agreed that it might be best to limit its disclosure to those who were like-minded—until the others could be brought on board.

In our reminiscences about the classes, we speculated on how we would have done things differently, knowing what we know now. We agreed that we were on the right track structurally: a setting where maximum student participation was emphasized, a minimal core content with encouragement to engage in real life situations, and maximum opportunities for self-examination in relation to others. That setting would encourage risk-taking and exploration. As for content, we would gently sprinkle in some exposure to Jung, the new physics, chaos theory, mysticism, mythology, and emphasize explorations into concepts such as levels of consciousness, intuition, archetypes, dreams, imagery, morphic resonance and the collective unconscious, and synergy (especially to understand the power and nature of group interaction)

"The Ultimate Freedom", Maxwell Jones shrewdly chose as the subtitle of his last book, *Growing Old*. "As children," he writes, "we have all experienced a rich fantasy life, but our culture and education have impressed us with the importance of being realistic, and these early abstract trends have usually been stamped out, except perhaps in those who managed to find a career in the arts." Here is the time and place, Max continues: "Each individual must seek the environment personally conducive to inspiration—meditation, music, art, movement and so on (sometimes referred to in a generic sense as Dharma Art)."

What a letdown that liberation can't come earlier in life—embraced by angels.

Linda can be contacted at: lmwisewoman@aol.com

The learning experiences referred to (*In School III*) can be viewed at: http://www.pettarchiv.org.uk/publications.htm

Inspired by Dr. Richard Crocket's 90th birthday on February 9th this year, Bill Murray reflects on his time at the Ingrebourne Centre, a founding member of the ATC, which left the Association last year:

THANK YOU

Bill Murray

The Ingrebourne Centre was set up in 1954 as a psychiatric unit ("Ward G3") within St. George's District General Hospital at Hornchurch, in Essex, with a Therapeutic Community element established as an experiment in February 1957. The Centre seems to have been opened originally as an alternative to admission to the nearby Warley Hospital (at Brentwood, Essex), where for various reasons - stigma, Warley's over-reliance on Phenobarbitone and ECT at that time - people didn't want treatment.

From 1954 to 1957 the Ingrebourne seems to have focussed on individual therapies. But a report on clinical results for the Centre 1957-1959 gives credit to Dr. H.G.Anderson for having "...successfully initiated...a full Therapeutic Community approach to the work...", and in the article published last year in *Therapeutic Communities* 24:3, the founding Director of the Centre, Dr. Richard Crocket, tells how Hamish Anderson came down from working with Maxwell Jones's predecessor at Dingleton Hospital in Scotland, Dr. George Macdonald Bell, and, as a senior whole-time assistant psychiatrist at the Centre, "introduced a programme of group work which, with some trial and error, was 'dramatically successful in changing the outlook of staff, the outlook of patients, and the atmosphere in the place.'" Crocket tells how he came into the Centre one day and found an oily motorbike dis-assembled on the ward floor. As a reasonably conventional psychiatrist, who had been defending the experiment to the various powers that be without actually taking part in it, he had to decide what to do. His response is worth reading, and the rest, as they say, is history.

I went to work at the Ingrebourne in 1991, having just qualified as a RMN (Registered Mental Nurse). During my training I had taken up the opportunity of having a 12-week placement there. The whole set up was incredibly different from that which I had seen on the wards in Warley Hospital. I was going through a time in my life where I was interested in things which were different from the mainstream 'normal' things in life, and the Ingrebourne offered me a very different work environment.

At Warley I was becoming accustomed to the role of being a nurse on a ward. I had a clear identity on the ward, and I was being trained into the nursing profession: the nursing profession which seemed to have significant authority in its role; a role which clearly delineated the Them and Us with regard to who was a *patient* (and in need of help) and who was a *staff member* (and having all the expertise and possibly all the answers).

And then I can remember my first large community group at the Ingrebourne. The memory which stays with me is that of having lost the protection of being a 'nurse' - that I could be questioned as much as anybody else in the room. I wondered what I'd do if I was asked something and I didn't know the answer! Looking back, I now know that few would have expected me to know all the answers; this wasn't a *ward*. But my training hadn't really prepared me for the Ingrebourne, and in lots of ways I had to undertake another type of training there: I'd say it was probably about a year or more before I felt competent enough to facilitate groups with confidence. It took that length of time to build up some sort of template within myself about the running of a TC, to absorb the culture of a TC. To become a nurse in a different way.

One of the great things at the Ingrebourne was the licence to make mistakes, in the sense that you weren't expected to be infallible: Mistakes were seen as learning opportunities where, through supervision, new understanding could be gained about yourself, the group and/or individual patients. This freed me up to take on new challenges in working with those around me.

We also ran an outpatient psychotherapy service, which offered individual or group therapy to those individuals who didn't need the TC, or to those who couldn't commit to it for various reasons. There was a great sense of anticipation when new groups were being set up, especially if they were being set up with staff that hadn't previously facilitated outpatient groups or if the groups were focused for a particular type of client.

I can remember patients who had been through a whole list of treatments in other services and were referred to us almost as a last, desperate act by their referrer. They often did very well at the Ingrebourne, rebuilding lives which had been stuck in a rut of self-harm, isolation, depression or whatever the problem was. The power that the community groups had was amazing. It is difficult to imagine any other therapeutic medium reaching that level of intensity, yet by and large remaining contained. There were times when I felt very privileged, such as when a patient who had very great problems with issues of trust started to trust you; despite that being a scary place for them to be in.

The Ingrebourne was, however, by no means perfect.

We had a constant problem with the lack of an external facilitator for our staff group; for a variety of reasons they never made it through the door. It was also noticeable that we were not great producers of published writings about our work. I'm not sure why this was so: it could be that we were too busy to take the time to concentrate on publishing, or it could also be that there was some anxiety about opening ourselves to scrutiny. Whatever the reason, I have no doubt that great work was done at the Ingrebourne Centre; the place seemed to shine despite its imperfections.

Sadly, we were under constant pressure to make financial cutbacks to our service. This seemed to happen in stages, over the years. When I arrived we were offering a TC with 3 months full residency followed by an average of 12 further months as a day member, a total of 12 to 15 months on average. At a later date, residency was reduced to 5 days per week. Later, the whole programme was reduced down to a strict 12 months, and then later again to being a non-residential programme only. This was then further reduced to a morning-only programme, for five days per week. I think that the gradual reduction of the programme made it increasingly difficult to offer containment, so that we had to become increasingly selective in our selection process, and it is possible that the patients who had most to gain from the containment of a residential TC became the least likely to be able to use the Ingrebourne TC. Perhaps it was inevitable that the TC would reach the end of its life in this way, as it did sometime around October 2003. I left the service in October 2000 and haven't been able to ascertain the exact date of closure.

I hope that it is only lying dormant and that the TC will, given the right conditions, be coaxed back to life. Like an old boat which has helped many people over the years in crossing waters they wouldn't otherwise have succeeded in crossing, I can only hope that it will one day be refloated and put back to the good use it once had.

And finally I'd like to thank Dr. Richard Crocket and Dr. Hamish Anderson and all those involved in the early days for taking the risks they did and establishing and building the Ingrebourne all those years ago. Even if the service no longer exists it has no doubt left a positive legacy which will live on in the lives and work of those who spent time there as part of the TC.

Bill Murray can be contacted at murrayb1@shb.ie, and adds:

I am presently an Assistant Director of Nursing with the Southern Health Board in Ireland, having moved back here in 2000. My Ingrebourne experience has left me with a positive attitude towards empowering those around me, whether they be staff or patients. This pays dividends especially when managing change, as people are more accepting of change when they own it, and it is a less stressful experience all round. I am presently assisting a group of people who are trying to secure funding to establish a TC in Cork. These people are the families of young service users who have become frustrated with what they perceive to be a very limited and drug-focussed mental health care system here in Ireland (and it certainly is poorly resourced). I hope that the outcomes of research studies undertaken at Henderson and others will underpin the making of a case in favour of the TC approach here in Cork.

I still hold a counselling qualification (BACP), which is pretty much redundant at present. I would, however, like to incorporate some sort of counselling role back into my work, as I found that quite satisfying (especially in groups). Nonetheless my experience of dealing with group dynamics at the Ingrebourne has given me an extra insight into the dynamics of the groups I encounter nowadays, whether they be groups of staff or patients or even just the dynamics of the wider health care framework.

Milestones: A celebration of love

Three Finchden Manor old boys travelled several hundred miles at the beginning of April to present a golden wedding anniversary present to former Finchden staff member David Hobbs and his wife Joan, at their celebration party. Finchden Manor, founded by George Lyward following his own breakdown and recovery in the 1930s, closed thirty-one years ago, in 1973. David, known as 'Bert' at Finchden, then joined Richard Balbernie at the Cotswold Community. The present - the result of a 'whip around' among Finchden old boys - included a plaque with all their names on it, and a substantial cheque.

"It was just to remind them that they are loved, that their life's work is valued, remembered and continues to flourish," said one Finchden old boy, "and says more than I ever could about real community and the real meaning of 'outreach' and 'aftercare'. Real 'outreach' and 'aftercare' are *love*, which each of us carries within ourselves….I wonder how many current 'treatment' facilities and their bureaucratic processes generate such relationships; where the thought of real relationship has not frightened off the professionals?"

Shotton Hall – an obituary and a celebration

Owen Booker

One day last summer a group of men and a few women met up in the Bridgewater Arms at Harmer Hill, Shropshire. Some were old friends; others were met for the first time. News was shared of how lives had moved on, enquiries were made, and scraps of facts swapped about others. Later, musing and remembering more, the group walked a poignant exploration of the grounds of Shotton Hall: curiosity, tears, and laughter. These were mostly old boys (one or two with partners in tow) who were at Shotton from around the mid 1960s to the mid1980s, together with a few former staff. First time back for me, despite I can drive past daily if I wish, and so some ghosts and feelings were laid to rest.

Ten years ago this summer, Shotton Hall closed. The Hall and site were later sold to a speculative developer in order to clear bank debts and pay staff redundancies. Shotton Hall had a history dating to Saxon times, and hosted a TC for a brief forty years; now it is again home to a small community of families, and in the final stages of a re-development as flats and houses.

I came to the community as a novice teacher in 1972 with uncertain ambition and task, but inspired to engage adolescent imagination and action, and I wanted to belong to something I could believe in. My last task was community closure; but in-between there was so very much.

The founder of the community, Frederick Lenhoff OBE, was an escapee from Nazi Germany. He set up a co-educational residential school in 1949 in Corvedale in south Shropshire; this moved to Shotton Hall (north of Shrewsbury) in the 1950s, and here the community developed as a 38-week special school for boys.

In the early seventies the management of Shotton Hall School was passed to a charitable trust, and the community placed in the hands of John Lampen. During that decade the majority of boys had high intelligence, and matching rebellious energy. John inherited a community of too many boys and too few staff, and a concomitant power base underscored by too much unmet need. Although the community was led with intelligence and humanity, there was not always great practicality. The school was also much dogged by poverty, as fees came predominantly only from Local Authority Education funds for special education, and The Trust remained long weighed down by the purchase costs.

This decade saw experimentation, ambitious projects, and all sorts of zany actions and activities, many of which were uncertain then, but would be impossible now for legal and safety considerations. But importantly, Shotton Hall at that time felt strong. The community was guided by a psychoanalytical approach with psychiatric oversight, and we contributed to understanding the needs of 'maladjusted' children by producing publications and organising lectures and conferences.

John Hobley became community director in 1982 and he worked tirelessly. The community had to change and progress rapidly, become less radical, present better facilities, and enlarge its adult membership. The excesses were reigned in by improved structures for accountability. Although some of the zany fun and freedoms may have been lost, so too were some dangers and some arrogance. All of this was essential so that Shotton Hall would become increasingly attractive to social services and stay solvent and vital. The criteria for admissions were widened, and new measures put in place. The community became more sophisticated, and child care and other practice developed so that SH was sufficiently secure to manage the greater range of difficulties presented by its boys and young men.

The proportion of boys who were in care increased, and the community began to remain open 52 weeks. For a significant small number of boys over the rest of the 1980s SH would become home. Consequently, although education became less central to what SH offered overall, the quality and breadth of education continued to improve to a degree of considerable excellence (and for which I remain proud – I became Education Manager in 1982).

Under John Hobley's direction the philosophy of attending first to the primary needs of warmth, food, and comfort was strengthened, and the tension much better resolved between community power and the proper authority of adults – and what adults were each discretely responsible for became clearer. People were attracted to work at Shotton who had valuable experience and professional expertise to offer as well as something to learn. This period saw Shotton Hall focus all its energies internally; it developed stronger and truer TC ethic and practice, and Shotton Hall became a member of the Charterhouse Group of Therapeutic Communities.

Personally, it was as if the fresh but unpredictable spring weather of the 70s had given way to balmier summer days; the 80s summer was long and satisfying, but storms were ahead. The demise of the school began as the nineties began. Several damaging factors stacked up over a short period.

Sending children away to 'institutions' had lost favour in preference for foster care, keeping children locally, and the mainstream inclusion of children with special needs. With fewer referrals for children's home placements, and fewer education-only placements, the number of potential community admissions had been dropping slowly. On the other hand, we were predominantly only asked to take boys and young men who on the whole had much greater difficulties or more challenging behaviour than previously had been the case, and the admission criteria became stretched.

Although comparatively few in number, some admissions were made of boys whose difficulties had significant impact and tested the community and its management by the adults concerned. Admissions were made of boys less able to benefit from the particular TC milieu that valued choice and freedom; a few were without sufficient intelligence to prosper well in the setting, or had entrenched criminality. Some boys had mental health difficulties, and one or two had uncertain diagnosis, but extremes of behaviour. The community began to lose its self-identity.

However, the factors that caused much greater damage resulted from poor management, and leadership of doubtful quality. Trustees were not refreshed by new blood or ideas, and their governorship stalled: no one visited or enquired within the community. A Deputy Headship was renewed that not only ignored what was by now a desperate need for an experienced Care Manager, but the actual appointment was disastrously the wrong person.

John Hobley retired in summer 1991 (he unfortunately died a few years afterwards), and the new director was appointed with little reference to Warner procedures (indeed both he and the earlier Deputy had been pointed out as doubtful by those community members, adult and child, who had encountered them). Keen to present well, the new man quickly began to spend in an unbounded fashion. Unfortunately, this man had poor understanding of how a TC worked. The community was damaged by his lack of modesty and unwillingness to consult, and he lacked professional supervision or external check. The poor leadership worsened difficulties and worsened the rifts in the community and its fractioning into varied sections – of boys, and of adults; a divisive cronyism emerged among boys and staff.

An external counsellor was invited in to work with some individual boys, and the adults who had been working with them felt disregarded. At the time of the Cleveland debacle and the universal attitude of righteous belief concerning child abuse the new director allowed himself to be much influenced by this counsellor. The authorities were then hastily invited to make a Child Protection investigation of the whole community, and the school was closed for three months in the summer of 1992 to enable the investigation (the consultant herself was later discredited).

The investigation found little of critical significance related to the previous state of health of the community and its practices, and desperately little criticism of staff and their quality of care, although technically the school had failed its Children Act Section 87 requirement to safeguard and promote the welfare of boarders – mainly we had relied too much on community practices of meetings, relationships, and the effects of attachment. We were without a formalised complaints procedure. The personal behaviour of those particular boys who had been discounted from their key worker relationship was now public, the therapeutic processes undone, and further work with them made impossible.

The community was massively damaged and never recovered from its communal loss of confidence. The child community returned bewildered about its experience, and confused regarding how it might again trust adults. There was irrevocable change to the relationships within the community: between adults within it, between it and placing authorities, between individual boys and their key staff, and (where these existed) between boys and their families.

The community had for a while been suffering deliberate and habitual fire alarms – a sure sign of insecurity. The local fire brigade lost patience and reported to the DES. Other difficulties of fire regulation, and of meeting DES approval began to come to the fore – the investigation had stoked up a harsh glare of critical light. Regulatory problems were not well resolved, nor their significance given sufficient consideration. Later, just as the community was beginning to settle back after its closure, it did actually suffer a major fire – probably deliberately set (similarly as happened at Peper Harow). HMI visited in spring 1993 and made their dissatisfactions clear, but at the time the full measure of these was kept from staff including myself. We all just struggled on.

In October 1993 the director abandoned the community; he resigned and promptly took sick leave until the end of his notice.

I relinquished my teaching duties and stopped running around mending damage and tying loose ends together. I took stock with my colleagues, and was assisted by John Woodward (who had previously worked at SH and left to pursue business interests). The Trustees woke up to their responsibilities, but

had no solutions.

The situation overall was dire: A lot of new building and refurbishment would be needed, the community morale was low among boys and adults, and its direction and purpose had lost way. The bank was concerned the overdraft was running away to over a half year of income. A survival plan was devised and implemented just to hold everything together.

Every one of the three-dozen personnel voted for a pay-cut when I asked them, and fiscal controls were put in place. I began to make good much of the outstanding documentation that inspection would require; although actual practice was reasonable, it was not formally delineated. I was very reluctant to make new admissions until the future was more certain, and I held back on new admissions as morally I felt it right to do so; but this further strained finance.

The community scraped through a Registration Inspection in early May 1994, and although those inspectors recognised the developments, a week later a 'pastoral' visit from HMI took a much more critical view – they intimated that had the visit been an inspection the school would be found greatly failing. Attention was drawn to the tired state of the residential facilities and how they presented as too institutional (ironically, the Trust had ignored staff suggestion to develop small units in favour of building an imposing residence that would attract a new director of calibre!). The DES inspectors particularly highlighted failings in areas of policy and procedures, and tensions concerning the educational curriculum that had been too long outstanding. The HMI at that time had very restrictive criteria: they would not accept the lack of a modern foreign language in the school curriculum, nor recognise the validity of much community function as social or moral education, nor accept individualised out-of-classroom programmes as educationally valid! They gave a three-month deadline for improvements before approval status would otherwise be withdrawn.

A decision had to be made very quickly, and the debate was difficult. I sought some guidance from Charterhouse colleagues, but the devil was in the degree and the detail. The lack of cash compared to the outstanding development needed, and the degree of exhaustion, combined to determine that it would probably be best if we folded on *our* terms, rather than have the school and community suffer mortal blows.

Closure was the decision taken, and it pretty much had universal support – including among the few remaining well-committed and wiser boys when they were told. Everyone was concerned to do this with as much dignity and the least damage possible. All the usual community function and quality was maintained to the best degree possible – some parts markedly so, despite the anger and sadness - and so the community (already by then only 18 boys) was deliberately wound down, with new placements found and each bridged and supported as best we could. The last few child residents left in August 1994. Staff and trustees marked closure with a formal meal; and, later, an open house garden party allowed those adults highly attached or closely associated to release some emotion.

Shotton Hall remains, in memory and by past belonging. That belonging over the years did offer new and different chances at life for a great number of young men. And the community impacted on all those who came to work with it. Belonging touched all. This was shown even by the handful of ancillary staff from '94 who until very recently were in the habit of meeting up annually at Christmas. There are some loose associations of 'old boys', and some loose associations between ex-staff, and ex-staff and old boys. There is no formal contact point; though the Friends Reunited website serves some contact.

I see now, ten years later, how much has changed since those difficult times. From how Child Protection is now viewed and implemented, to how education – particularly for this group – now has a less explicitly wide inspection requirement and a more informed and wiser practicality. I see now how much I knew then, but did not recognise at the time.

What I remember is different and empirically real.

I remember we built and sailed a Kon-Tiki raft around Anglesea, and how the whole community camped for the fortnight by the beach. I remember one slow Sunday afternoon I investigated wood smoke, and found some fire-dirtied urchins roasting one of Farmer Mayle's pheasants on a stick. I remember on an epic 60 mile yomp forcing my group to put on wet clothes one cold morning in a barn in mid Wales, as I was determined they would keep their dry ones to sleep in.

I remember cooking Sunday lunches with my wife for everyone, and trusting the care of our two young sons to the community. I remember Bazza climbing 60 foot to the top of a pine in the woods and being rescued by the fire brigade. I remember the crazy Christmas reviews when, after frenetic weeks, staff and boys would produce magic, and sometimes-hilarious performances. I remember John Hobley playing 'green man rising' with lads hiding in piles of fresh cut grass, and summer barbeques.

I remember 'emergency' community meetings that began mid-evening and continued into the small hours. I remember sitting in a stairwell for a long period until

a particular person gained control over their psychotic episode and handed me the kitchen knife. I remember high emotions, tears and anger, and how when I needed care it was as likely to be given by a child as a colleague. I remember the joy of shared achievement, the pain of shared sorrow, and the righteousness of shared anger, and how somehow the community could temper and re-forge the individual experience to group benefit. And sports days… and giving out examination certificates... and talking quietly late into the night… and… and…

What made Shotton Hall therapeutic? Acceptance, understanding, patience, and safe enfolding no matter what or how the individual hurt or need was expressed. And a faith of expectation that helped you through – a sort of core regard that everyone was valuable and held this true for you even if you could not. This emphasis lay in the core work to rebuild rock bottom self-regard and make young people feel significant. And how there were so very many ways the building up of self-esteem could be done: Most obviously, and often quite dramatically, through adventure education – for long a strong feature; but also, music, art, or a technical skill, as well as unlocking desirable traits of character for community acknowledgement – and by proxy, the warm radiance of 'family' approval. And fun, and always something to which, and then someone to whom, you could attach.

What made Shotton Hall un-therapeutic? The times the community lacked strength and vigour and failed to maintain its own momentum, or meet its own needs, and individuals suffered. At times individuals came – adults and boys – who tested the community and damaged its best process. The times also that individuals, whether adult or child, in great need found the experience too confusing or daunting and the expectation of personal change too scary to face – they found ways to leave, and we failed.

We were never perfect. And it was always journey, never arrival.

The PETT Archive and Study Centre holds what remains that provides concrete evidence of Shotton Hall, including copies of Shotton Hall publications and Fred's books 'Exceptional Children' and 'The First Thirty Years' – all still valid reads.

The contents of Shotton Hall were mostly sold off to add to the cash fund, and a good deal of stuff was donated to a local relief organisation to benefit people in Bosnia where it was needed at the time. My very last acts were to close down the charitable trust, and remove it and the school from the Companies Register at Companies House. It has taken me ten years to recover from guilt and bereavement.

I am now a freelance consultant and trainer specialising in conflict reduction across a range of organisations concerned with education and childcare. I write some things that get published, and I am also involved with young people directly within Local Authority Education Behaviour Support Services locally, and as an advocate for the Voice for the Child in Care. Contact me via the Planned Environment Therapy Trust Archive and Study Centre, or via www.pptc.fsnet.co.uk

ARBOURS CRISIS CENTRE: 30 Years

Chris Burford is the convenor of the email discussion group of the ISPSUK (International Society for the Psychological Treatments of the Schizophrenias and other Psychoses – United Kingdom). Following the recent conference/celebration of the Arbours Crisis Centre's 30th anniversary at The Node Conference Centre in Hertfordshire, he posted the following personal observation to the list:

Chris Burford

Date: Tue, 9 Mar 2004

Subject: [ispsuk] What I learned from Arbours

As a would-be community psychiatrist in the neighbourhood of Crouch End in north London, the Arbours Crisis Centre has long been an object of envy and incomprehension to me. In November, however, I was able to attend their annual professional review; and on Sunday Feb 29th, the celebration of the 30th anniversary of the Crisis Centre.

Entitled "The Container and the Contained", the day consisted of images, and well-crafted individual presentations, often intermixed with humour, about how the anxieties associated with acute distress are and can be contained.

One insight from November also hangs in my mind in the context of the carefully tiered layers of staff support and containment for the resident: That perhaps the process of distance is a key feature in its skill in containing anxiety.

That is quite contrary to the medicalised system on acute admission wards. There, anxiety is regarded as therapeutically irrelevant because it is to be dealt with, or brushed away, by the doctors.

Anxiety has absolutely no relevance in the diagnostic system; therefore, it is hardly noticed except when the patient gets angry. This is because a degree of anxiety is so universal as to be non-specific for any type of diagnosis. And to treat people without a diagnosis would not be scientific.

To be realistic in a broad summing up of an event attended by many – many past workers with Arbours; past clients; the son of R.D. Laing, Adrian; the Editor of the International Journal of Psychoanalysis, Paul Williams; and Prof Bob Hinshelwood - it was not realistic to go into the sub-syndromes of distress, which have to be contained in different ways: Though one person referred to Bob Hinshelwood's suggestion that "if the mode of expression of neurotic patients is words and we use free associations, and the mode of expression of children is play and we use a play therapy, then the mode of expression of a psychotic is a non-symbolic communication in the form of action, whereby we must consider at least engaging with psychotics in some active mode." (from the Foreword to "Beyond Madness" ed Berke et al, Jessica Kingsley Publishers, 2002).

So I was left wondering about the diagnoses of the residents. Certainly many of them in the crisis house sounded as severely distressed as people admitted to an acute psychiatric ward. Perhaps more with self-harming personality problems; but I have little doubt a significant proportion with psychotic distress. But diagnosis was not a central axis. Containment of distress was and is.

There was some discussion about the need to define the role of centres like Arbours within a more diverse economy of mental health provision, in which someone has to set the criteria for access to resources. There was also the desire that 30 years on, the experience of Arbours should cross-fertilise mental health services with less polarisation between the two sides.

Yes, residents in Arbours use some medication at times, but on a decreasing basis (as I too would wish). But what seemed to me significant was that it was not the main way of containing anxiety. If we are to have more therapeutic multi-disciplinary acute facilities in the NHS, perhaps we need to learn more sophisticated, tiered ways of containing anxiety for service users – and, frankly, especially for staff on the front line.

Even without the extraordinary dedication of the Arbours resident therapists, and the probably unique combination of hospitality and robust humour of a Joe Berke in every location, some move towards that should be possible.

Certainly it strengthened me today, in spending less time "seeing" patients and more time talking with and reflecting with the staff who are in the front line.

The Arbours Crisis Centre website: www.arbourscentre.org.uk

The ISPSUK email discussion group can be found at: http://groups.yahoo.com/group/ispsuk/

WHERE AM I?

Somewhere in a dark room inside my mind
Is a tightly closed door which I hide behind
Although I have searched, I cannot yet see
The door to the room which hided the real me

So many doors were there for protection
The reason for why would take some detection
The search is now over, all doors now unlocked
Thoughts and emotions all free and unblocked

Inside the darkness I scream and I shout
For someone to help me, to please let me out
I feel my thought processes have been abused
And the thoughts that remain are all so confused

I no longer shout, but I quietly ask
For help and support whilst I complete this task
I'm now moving forwards, away from the past
Although sometimes stumbling, this movement will last

I honestly don't know just why they all bother
To say do this, do that, do the other
For the body they talk to, it does not care
Because the 'controller', me, is not there

So many questions, so many words
So many times I thought they weren't heard
But they were listening, I could not see
The person not listening? That person was me

My feelings of confidence have now all gone
In this state of mind I cannot go on
You can't call this living. You can't call this life
It's just an existence, one that's full of strife

Self reliance emergent and growing in might
I now look at life with increasing delight
Though I'm not sure when this new life begun
I've learned to enjoy it; I've learnt to have fun

When will it be over, when will it end
Will I always be broken, or will I mend
To be well again, they say I'll achieve it
Only when that occurs, only then I'll believe it

Responsibility in me has grown
Who looks after me? That work is my own.
Achievements are many, which bring much relief
The future is mine, I now have that belief

As I search in the dark recesses inside my mind
Hating and fearing all that I find
Confusion and terror are all that I see
As I search in the darkness looking for me

I looked in the room through terror and fright
But it's no longer dark, but sunny and bright
Confusion and terror, from them I am free
As I live in the brightness, happy as me

Sue Coleyshaw 10.02.1987 **(Sue Snow 27.10.90 to 17.03.2003)** **Sue Sanders 20.11.2003**

"Strictly speaking they are the same poem...." See Correspondence, page 4

From Glebe House

My view of the world

In this world nobody can relate
Everyone is full of hate

The world is full of confusion
Life is just a big illusion

We live then we die
I ask myself why?

Life is full of blame
In a world of pain

In childhood we would cry
Now we hide our feelings in a lie

In a world with little hope
Can we find a way to cope?

Things that once made us glad
Have come to make us sad

In a world that is so demeaning
Can life have a deeper meaning?

In this life we always have to fight
A struggle to do what is right

Is this the end of trouble?
Or is it going to double?

We have to stop this war from going ahead
Or soon all the children will be dead

When you kill another
Just think about their mother

Stop yourself from pretending
Because this world is at an end.

By K

living at glebe house

Glad to be made so welcome
Loving to be here
Enjoying education
Board games
Excited about project workshop

Homely
Outside work with our gardener
Understanding about the boundaries
Shopping with independence money
Expecting to respect each other

By L

Emotions deep inside

Hear my heart and you will see the sadness that's inside of me. I feel like a lead balloon, sinking in the waters of my emotion. I feel empty inside, as sadness covers me, like darkness covers the sky. I sit and think of all the bad things there are in this world. I wonder if there really is any hope for those who are crushed by the weight of this world. The feeling of sadness is like a foot that crushes a delicate flower.

Can I have a release from the hold of life's problems? As they feel as if they are draining my life away. Depression is a crushing blow to my heart, leaving me to pick up my shattered emotions from deep inside. Anger is like a hot volcano of emotions, waiting to spill over the edge and leave me to feel the deep hurt that burns deep inside of me.

Hope is like a hand on your shoulder when you feel all alone. It provides great comfort to the crushed soul and is like air when you're deflated, to help you to be lifted up and to sail away into happiness and joy.

By K