Introduction

This study presents an evaluation of Coolmine Therapeutic Community’s pilot Community Alcohol Treatment Programme (CATP) in 2014. The study comprises of quantitative data in respect of the total number of clients who engaged in the service since its inception and qualitative data based on a focus group with 12 members of the CATP. The focus group aim was gain participants views on their experience of the CATP as a whole. Themes investigated included: ease of access, entering treatment, programme design and aftercare. Participants were also asked on their opinions in relation to the perceived benefits and challenges of the CATP and encouraged to elaborate on their views regarding potential improvements to the programme. This report identifies a number of key recommendations for CTC to improve the CATP during 2015.

Background

The National Drugs Strategy 2009-2016 (NDS) government has committed to a combined National Substance Misuse strategy to cover both drugs and alcohol. This was in response to the widespread public concern regarding the high prevalence of problematic alcohol use within Ireland, both as a standalone issue and in association with illicit drug use. The NDS commits to the provision of easily accessible and affordable treatment services for people with problematic alcohol use.

Coolmine has provided residential and outpatient assessment, treatment and rehabilitation services for drug users since 1973. Whilst the focus of this service provision has been to provide best practice in therapeutic treatment and rehabilitation for drug users, Coolmine has always been committed to supporting and accessing services for those who are alcohol dependent.

The CATP commenced at the end of May 2014 as a pilot project to offer treatment and support to those affected by problematic alcohol use. These effects can be measured across a range of physical, mental and social impacts on the individual, family and the wider community.

Programme History

This programme was initially designed as a community alcohol detoxification service to provide local support to individuals with dependent alcohol use and, to provide clinical supervision to oversee medical withdrawal from alcohol, working in collaboration with their prescribers. As such the criteria for programme entry was dictated by international safe practice. It soon became apparent that most of the individuals seeking this programme did not require detoxification as they had already completed this treatment prior to approaching our service allowing us a degree of flexibility in our approach e.g. we could work with polysubstance users.

Programme Design

Three phases were designed; Assessment, Continuing Care and Aftercare. The treatment model is Community Reinforcement Approach (CRA) with one to one keyworking. Assessment is undertaken in 2 parts; initial assessment with the outreach worker, and suitability for programme assessment with the Coolmine nurse. The Continuing Care phase was initially designed over 8-10 weeks with CRA workshops, check-in groups, weekend planning and Mindfulness. These groups meet twice/week for 3 hours on each occasion. One to one keyworking was planned to be delivered over 4 sessions during the Continuing Care phase and the remaining 8 sessions during the aftercare phase.

We have used a number of validated measurement tools during the assessment; AUDIT, Readiness to Change, CIWA-Ar and SADQ.

Resources

Coolmine Lodge was chosen as the site with the best access facility for this programme. One room was initially available (Level 5). The programme has been staffed by the residential outreach and nursing teams for assessment. One keyworker (from Ashleigh House) has been allocated on a part time basis (6hrs/week) to facilitate the groups. One psychotherapist has been allocated to provide one to one counselling support and provide relief cover for 2days/week.

Programme Development

At programme inception we linked in with the Emergency Department in Connolly Memorial hospital and their psychiatric services. We also joined an alcohol working group chaired by Ait Linn alcohol services, Ballymun, and attended by staff from Beaumont and the Mater hospitals. We assigned one worker to visit GPs in the local Blanchardstown area to publicise the programme and referral system for entry. Initial uptake onto the programme was slow with only 4 participants; this has had a very steady growth over the last 6 months since the pilot began at the end of May to November 2014. We assigned one worker to visit GPs in the local Blanchardstown area to publicise the programme and referral system for entry. Initial uptake onto the programme was slow with only 4 participants; this has had a very steady growth over the last 6 months since the pilot began at the end of May to November 2014.
Worked with | 26 individuals | 15 men | 11 women |
Graduated | 2 individuals | Parenting Under Pressure programme (PUP) | Aftercare Coolmine Lodge |
Support Services | 5 individuals | Social Work 4 | Education 2 | Housing 1 |
Transferred to Residential | 1 individual | Coolmine Lodge |
Still attending | 15 individuals |
Retention | 69% |

This current group of participants requested to remain on a continuing care phase until after Christmas, attending twice weekly. In January 2015 we had 5 further participants graduate into CATP Aftercare.

Referrals

Self and professional referrals for the programme have come predominantly from outside the Blanchardstown area; St John of Gods, St Patrick’s, James Connolly Memorial and through our day services in Coolmine House, thus highlighting a need to focus outreach in our local area.

As mentioned, most of the participants on the programme had completed their detoxification prior to attending the alcohol programme, so we have had the flexibility to make changes to the inclusion criteria to meet the demand. A number of participants are on prescribed benzodiazepines for anxiety, with one gentleman on methadone maintenance treatment.

Our process of assessments has meant that participants are eligible to commence the programme generally within 1 week of making their initial enquiry.

Qualitative Feedback

This section presents key findings from the focus group

Ease of Access

Participants were asked how they first heard about the CATP. Some participants said they were told by CTC staff members when they approached Coolmine TC for treatment.

A large number of participants said they were referred by other treatment providers. Some had completed primary treatment (both in- and outpatient) and were recommended to engage in follow-up treatment. Others had relapsed and were seeking to re-engage with treatment.

“I had heard about this particular programme through a Consultant Psychiatrist in St. Patricks Hospital. I was in very serious problems in that time. The Psychiatrist wanted me to go back in the Hospital. It wasn’t feasible for me. She recommended then that I come to Coolmine and to discuss the possibility of the day programme (CATP), which I did.” Connor

One person noted that they contacted CTC because they were not in a position to continue availing of treatment with their first choice service because they had exceeded the 90 days of treatment paid for by their health insurance provider.

“I did the programme but you get 90 days for a year and in that year I used up all my 90 days so you know I’m in the chronic stages now…” “But the last time I had a visit with Dr. O’Gara he was saying to me you know you need to go to Coolmine and I wouldn’t do residential, I just would never do residential so after my last binge a few weeks ago I rang John of Gods and the nurse Joan said, I’d be dead by Christmas if I didn’t stop so that really frightened me and I rang Cuan Muira and I rang Coolmine…” Ellen

The majority of participants were assessed by a registered staff nurse; some were assessed by a CTC outreach worker as well as a registered staff nurse. Participants said that they commenced treatment in less than one week following their assessment. Some commented on the swift progression from assessment stage to programme commencement.

“…I saw a lovely nurse Julie and I did the assessment with her and I started within 3 days.” Ellen
“I had the assessment on the Thursday and was asked could I start on the Friday. That wasn’t feasible for me so I started on the Tuesday. It was a very short period of time.” Connor

However one person felt they were left waiting longer due to not having been referred by a Clinician.

“I was waiting two weeks and I was already a month over so every hour was a wait for me. But as I said I came in through a friend here, no doctors.” Paddy

Summary/ Recommendations

The majority of participants of the CATP were referred through other treatment providers; some were self-referrals. There didn’t appear to be any issues in making initial contact with CTC. Almost all participants commented on the quick assessment and treatment commencement process. However, it is anticipated that there could be a waiting list as a result of growing participant numbers. It is recommended in this instance to consider the option for potential CATP members to engage in pre-entry groups.

Entering Treatment

Some participants had initially begun their treatment at Coolmine House but felt that the programmes offered were not meeting their needs as they were not specifically designed to treat alcohol addiction.

“Initially I went to the Lord Edward Street (Coolmine House) 3 days per week programme and I was with Yvonne there cause that programme was primarily drugs you know street drugs and that wasn’t really an issue with me. It was decided I might be better off coming here to the alcohol programme.” Isolde

“I was actually doing pre-entry’s in Lord Edward Street (Coolmine House) and I didn’t find it beneficial cause it was all street drugs and I’m a drinker so I got recommended to come up to Julie and I had an assessment on the Tuesday and I was told to come in on the Friday and I’m three weeks here and I’m four weeks sober.” Karen

When accessing the CATP participants knew they were commencing an alcohol specific community based treatment programme.

“I knew Coolmine was primarily a drug treatment centre and I heard that this programme was about alcohol so that’s how I took a chance at it.” Connor

“...And they gave you a brief description of how many one to ones you can do as many one to ones and counselling. Cause everything you need is here for you so it’s a great programme. They didn’t tell me it was an 8 week programme, they told me it was a 12 week programme and it was twice a week.” Karen

“I came in on week 5. The programme just started and I asked Alan, I was of the understanding it was a 10 week programme so I said to him I do the 5 weeks and then start again with the 10 weeks and I am now here 24 weeks which is brilliant. You know it’s been great.” Paul

A small number of participants said they received written information at point of their follow-up assessment.

“When I did the assessment, when I was still in John of Gods Keith came out to assess me but then I had to follow up with him and then I came out for the assessment with Treacy so she gave me some sheets with information so that was the first time I knew something about the programme.” Imelda

Satisfaction with CATP Facilities and Access to the Programme

Overall, most participants were satisfied with the facilities at Coolmine Lodge, including tea and lunch facilities. They noted however that as a result of increased numbers on the CATP programme a bigger room was needed.

“In the beginning there was three of us when I started. I’m one of the longest here and it was really cosy but over the weeks it’s gotten so many people that we really could do with a bigger room.” Phyllis

“But the facilities is fine, it’s great you know. In truth it (the room) could be a bit bigger, you can see yourself and we are missing a few bodies today. So I mean
we really, a bigger room would be handy. I think if everybody was here this morning, we were up to 17, 18 at one stage so a bigger room would go a long way.” Paul

Although some participants found the commute to Coolmine Lodge difficult, the benefits of the programme appear to outweigh any issues regarding the travel to the CATP programme.

“I guess the biggest challenge is getting here cause I live in Ranelagh and I’m coming up with public transport so it’s kind of three journeys each time to get here and get back but that’s ok. I find it well worthwhile; its well worth that effort and for what I get out of it it’s more than worth it.” Imelda

Programme Commencement – First Impression

When asked about their first impression of the programme, participants noted that they were made feel welcome and at ease.

“My experience was I was absolutely terrified coming in to my first group session here and the experience was that I was made feel very welcome and in no time at all I did feel very welcome. I was offered the opportunity to express what was going on with me at that particular time and the group was offered the chance to give me some form of feedback to me and I found it overall a very positive experience.” Imelda

Programme Design

Therapeutic Environment

Participants commented on the supportive nature of their group; the therapeutic environment was felt ‘very laid back’ and ‘relaxed’ as well as ‘non-judgemental’. One member of the group noted the felt difference in comparison to their experience of fellowship meetings.

“...Also the group is non-judgemental but with good strong suggestions. I have been in groups before and I am finding this one so far a lot more helpful”. Isolde

“When I started first I was a little nervous the first 3 or 4 times but I didn’t feel this pressure that is happening in other groups for example in AA meetings or something like that. And it feels good support from everyone there. It is very nice and helpful.” Peter

Other participants commented on the group cohesion, their sense of group ownership and the felt benefits of being challenged by their peer.

“Yea, it’s a safe place to be. It’s a safe environment and as far as I’m concerned I don’t bring any of the stuff here outside you know. It’s no one else’s business and you have that you know you have that confidentiality.” Paul

“I’ve been coming now, this must be my 3rd week and I’m finding it very good and just having the focus of coming here twice a week. Its challenging you know you are challenged in the group, that’s good too.” Imelda

CTC staff were credited for creating and modelling a supportive therapeutic environment.
“How will I phrase this, I am just to grateful for this group because all the counsellors are so supportive and there is no nastiness cause I experienced as you know some nastiness in treatment before and it’s just supportive.” Bridget

“...From the word go it was very comfortable here. There was no criticism, there was no ‘do this, do that, don’t do this, don’t do that’, it was very relaxed and to Alan’s credit who is our main facilitator he puts himself out there. He is on the phone to everyone and he’ll give everyone the time they need you know, especially if anybody is in any difficulty we focus on that person, gives them the time you know to get it out.” Paul

Psychotherapeutic Groups/ Relapse Prevention Workshops

The CATP programme runs over two half days every week. It was described that the programme initially included psychotherapeutic groups (open/ check-in group) as well as workshops that are aimed at skills development. Participants commented on the value they placed on the psychotherapeutic group work and their opinion of the facilitation style applied by CTC staff.

“When someone speaks, they speak with their heart and they speak very honestly and the people here are feeling comfortable about what you are able to say and how you can say it. You don’t hold back, you don’t feel like you need to hold back and that’s the nice part about being here, and getting to know people, getting to know who they are. And sometimes we find it difficult to allow ourselves to be ourselves and I think this group does do that, allows you to be you and who you are.” Tom

“The group works with feedback you know you’re talking about your past few days whatever challenges you’d have and what you were doing and the feedback from the group, suggestions and as people said there is a lot of acceptance from Alan.” Isolde

A number of participants that had been attending the programme for some time however noted that more recently workshops were not happening.

“...The group has grown quite a bit over the last number of weeks and when we started out I think there was 6 of us, the 6 of us had three hours and we done the relapse prevention work and the kind of self awareness stuff on the projector. We haven’t been able to do that. We have no time.” Paul

When asked why, the felt impact of the growing group was described.

“Because we have too many people in the group. The group is growing and by the time we do a check in its time to go. And as I said if anybody is having an issue the extra time is given to that person.” Paul

At this point a lively discussion ensued, with members sharing their opinions in relation to programme time constraints and priorities/ benefits of workshops versus psychotherapeutic groups.

“I suppose that’s one of the main reasons is that each person is allowed to time to explore exactly what’s going on with them and in doing that it’s taken away from the actual projector work. But I personally feel and I am sure most in the group would feel that that’s more important than actually looking at a screen on the wall to allow people who are struggling within the group to express themselves first and then to have feedback from the group. But as the group is growing the amount of time for that (check-in) is more so that takes away from the projector.” Connor

“Like Paul is saying I think the work with the projector is important in terms of when you go and what it learnt you to do, the coping skills and what it gives you in that respect is very important. And I think what Paul is saying is that we are missing that a little bit you know because I know personally the last one we had that was on the board was a great help to me. You know it was the one where we took the picture of.. and there was a lot of stuff in it and it was a great help. Unfortunately because there is so many people here and we do give time to each person we don’t have the time to do it at the end.” Tom

One member commented that whilst they benefited from the 'open' nature of the psychotherapeutic group they felt it challenging to get involved whilst other members valued the opportunity to talk freely.

“...I guess when you’re new and also more reserved sometimes it can be hard to get to speak to be honest but that’s the nature of things when you have a so called open group but I do find it very good.” Imelda

“One thing I like about this group is you come in and like I am feeling vulnerable at the moment but I know I can come in here and say I’m feeling vulnerable.” Bridget

The point was also made that because workshops had not been facilitated in some time; newer members of the group had not had the opportunity to experience them.

“The workshops, at least 50 % of the people here have never done any of it so they can’t get the benefit of it. For me it was beneficial. ...And the thing about the workshops is when some relapse prevention is thrown out into the group and its discussed and talked about you know, you can’t help but take something out of it. And I know what Connor is saying about the open group but I think the workshops are important as well.” Paul
Mindfulness Based Relapse Prevention (MBRP)

In addition to the two mornings of the CATP programme participants have the opportunity to partake in Mindfulness based relapse prevention (MBRP) workshop. Six members of the CATP programme are taking part in the MBRP programme. When asked for feedback they commented on their perceived benefits of practising mindfulness.

“Great, really really good you know it’s really helpful in terms of centring me and the exercises that we are given by CD and the handouts are very useful to do at home.” **Imelda**

“Yea, the mindfulness is on Friday afternoon and I find it very very good. Quite challenging in a way. I find it doesn’t necessarily make me feel very comfortable but as I have been practising some of the exercises I am getting more used to them. They are very good for centring you and kind of steadying me. I suffer a lot from anxiety and I am finding it very good. I really hope that as it goes on and I do more exercise that I can get into the habit of doing it. It’s very very good.” **Isolde**

When asked why others have chosen not to avail of accessing the MBRP workshop some said they ‘didn’t feel like they needed it’; others voiced time constraints.

“I don’t because I mind my grandchildren a lot and I couldn’t commit to it, I couldn’t say I would be there.” **Phyllis**

One to One Keyworking/Counselling

In addition to two group work sessions per week the CATP also offers one to one keyworking and counselling. When asked for feedback, those participants that had received one to one sessions said they felt that they were ‘helpful’ and ‘beneficial’.

“I worked with David and I have had 3 sessions since I started. I have found them very beneficial. In fact it compliments what happens here with the group for me.” **Connor**

“I have had 3 sessions with David, 3 hour long session since I started and it’s been really very helpful and I do think possibly there could be more…I’d like them to be more regular, maybe weekly” **Isolde**

Some participants said they had received one to one sessions somewhat regularly whilst others had received almost none. Newer members of the group said they had not received any one to one sessions but noted they would like to receive counselling.

“I probably have been very lucky because I had, I am only here a few weeks and I had four 2 hour sessions with David. Counselling is working very well for me.” **Bridget**

“In 24 weeks I had 2 hours of sessions.” **Paul**

“I haven’t had any counselling yet but I would look forward to having it, I think I would benefit from that greatly.” **Imelda**

“….When I joined the nurse said to me that we would have at least every 2 weeks a one on one counselling session, that’s never happened. You know and I am paying a personal counsellor for traumas in my life. I can’t afford to do that anymore so I am just actually wondering what’s happening with that?” **Ellen**

Participants outlined that they believe that the growing numbers on the CATP programme impacted on the number of one to one sessions offered to members; an apparent shortage of staffing resources was commented on.

“…. I think the session that I had with Alan was the one that made me think very hard about some of the stuff that I did get into, that before I never really got into it you know I sort of washed over it a little bit so the one to ones definitely do help. I know there is only Alan here and he is overworked anyway with so many of us here you know but it definitely helped me and made me look at things that I had looked at but wasn’t looking at properly. So it made me actually realize that I needed to look at these things a little closer and be a little more mindful about them you know, so it definitely helped me. He (Alan) can only spread himself so much.” **Tom**

“I’ve only had one and the reason being is that the group is growing so much...” **Paddy**

Peer support

The supportive network between members of the group was particularly highlighted. Members spoke about how they stay in touch via phone calls and text messages; it was noted that a phone call can be instrumental in preventing a member from drinking.
“I think the phone calls have sometimes saved me no I wouldn’t say sometimes, they have saved me cause there was times when I felt low next thing I get a phone call and it might be Paul or whoever but I know that at times I needed that phone call and it’s refreshing to talk to somebody especially when you’re feeling low.” Tom

“There is also one member of the group that’s not here at the moment and he generally sends a group text out on a Sunday morning which is full of humour and I think that’s a very nice thing to have. It kind of grounds everybody; it makes sure everybody is still part of the group even though we are not in the group.” Connor

When asked if participants feel that more peer support could be offered they discussed the possibility of a regular social activity amongst themselves.

“I think maybe once every two months or once a month we could have maybe a meal out somewhere.” Tom

I’d say Tom is on to something there. I’d like a social activity outside of the group where the group is invited to come along and go out somewhere in town or be at a walk or something like that and it’s kind of like acting as integration into integrating what’s happening here in the group into the life outside that you have so it becomes a social network basically.” Connor

In regards to support outside of the CATP, some members commented on their involvement with AA; others said they did not engage in fellowship meetings. A number of participants noted that as a result of their engagement with the CATP they now have the confidence to participate in fellowship meetings.

“I wasn’t one to talk. I found it difficult but now I can’t shut up like I wouldn’t speak at meetings so I really feel comfortable in here and that would have been the only challenging thing having to think that I was gonna be put on the spot but I feel quite comfortable here. AA would have been a no for me but I reckon this will get me to AA and to speak.” Paddy

“I’ve developed greatly since I started coming here you know. With the openness of the group I suppose speaking here has helped me to go on and speak in other support groups because ordinarily I wouldn’t. I am an active member well I use the AA groups and before coming here I’d go to the meetings but I wouldn’t actually participate in meetings and because of the openness of this particular group I’ve learned skills to be able to put my hands up or share in a meeting, which has greatly helped me.” Connor

Summary/ Recommendations

Participants described the therapeutic environment as a non-judgmental and supportive space in which it was perceived safe to share openly and to be challenged by others; CTC staff were seen instrumental in creating and role modelling a supportive therapeutic environment. Members of the group commented on the importance of being able to talk about where they are at and to receive support and feedback from their peers and staff. However the CATP has seen a recent surge in participant numbers. Those longer on the programme noted the absence of relapse prevention type workshops as a result of open/ check-in groups taking up both weekly group mornings. It is recommended to re-introduce relapse prevention workshops. Regarding psychotherapeutic groups it is recommended to ensure equal distribution of check-in time for members. It is further recommended to review programme capacity.

A number of CATP participants additionally avail of the Mindfulness based Relapse Prevention (MBRP) workshop at the Lodge; this is deemed beneficial. In relation to one to one support, those that engaged in counselling commented on its benefits. However a large number of participants said they had received one to one support inconsistently or not at all. They attributed this to resource issues. It is recommended to afford one to one keyworking and counselling support to all CATP members on a regular basis. Participants value the peer support element of the programme. They support each other via phone calls/ text messages outside of group times; some avail of fellowship meetings. It was noted that a regular informal social activity could be introduced to further strengthen the peer support element.

Aftercare

When asked about the possibility of aftercare all participants said they were in favour of it. One person suggested that the group could meet informally. However the majority of participants noted they prefer a formal format with a facilitator present. The group brainstormed; length of aftercare was discussed.

“I suppose to put a time on an aftercare group you know; personally speaking I don’t think you can actually do that because it is an ongoing process recovery you know. ...Yea you could say 12 months you know but then that’s not the be and end all of your aftercare.” Connor

“The way this group is going I can see this being of benefit to an awful lot of people and its growing and growing compared to a few months back. So people will inevitably move on but what I find about this group is more so than any other group and I’ve been in Sister Consillius before, I lost count after the first 5 or 6 times
you’re inclined to keep in contact with, I give you a ring next week, but you never do. This group I find it very very much different, there is much more interaction in this group. But I mean aftercare it’s as long as.. I don’t know does a year sound good? You know, you have a year under your belt.” Paul

“I also like to say and I know from my own experience that when you enter into a group or a facility or anywhere and you have a very good experience and you go out and you leave it for a while its very very good to come back to that atmosphere because it helps ground you, you know if you are having that good an experience if you have been away for a month or 2 months so I’d like to use the word open so if the aftercare would have this openness to it so that you can come back at any time be it by a phone call or arrange something. I would like to see that.” Connor

It was noted by one member that people needed to move on from the group to allow newcomers to join. At the same time they felt it important that the door to the CATP remained open both in case they required support at any stage but also so they could share their experience of recovery and by doing so support newer members of the group.

“Alan mentioned aftercare a couple of weeks ago. He was talking about it and said are we up for it and I said yes by all means cause obviously we have to move on and make room for new people coming in. At the same time I said to him for myself would you mind if I hooked into the group maybe once a fortnight you know just because there is good grounding for me anyway and as I said it impacted in my life in the last 5 months cause I stopped drinking and I also think that as the long term people we might have something to offer for someone new coming in. And for me trying to help some people lately has been hugely beneficial to me. So to have that little bit of experience of the pilot programme and say well I was there at the inception of it and you know you might be able to make a few suggestions to someone and to help them on the way. I’d like to hook in, i’d like to do the aftercare and I’d like to do it once a week if it was available and the social aspect of the group.” Paul

Summary/ Recommendations

Participants discussed the possibility of an aftercare group. It was felt necessary that members move one so that new members can join the CATP. Participants said they would attend an aftercare group; they would like it to be staff facilitated. It was suggested that one year might be an appropriate time for attending aftercare; although it is hoped that there will an open ended element to aftercare. It is recommended to implement a CATP aftercare group.

Benefits and Challenges

Participants were asked if taking part in the CATP was beneficial to them and what they believed was most challenging to them. A number of participants commented on the progressive nature of Coolmine TC’s relapse management policy. Members also spoke about how engaging in the programme improved their self awareness, self acceptance and interpersonal skills.

“I think one of the very good things about this programme is that people who have relapsed their behaviour isn’t condoned but at the same time they are accepted back and its discussed and its worked on, where some places will really just show you the door if you relapse which isn’t particularly helpful for us. We are addicts, we are alcoholics and you know we are fighting this all the time and sometimes a relapse does happen for whatever reason and instead of just condemning you and showing you the door it’s: ‘what have you done’, suggestions are given and you know sort off helpful criticism or constructive criticism and I think that’s a very very supportive thing, you know it’s a very good aspect of the programme.” Isolde

“And you know outside of that, outside of the recovery aspect of and I think frankly all that is I developed skills whereby I can interact with people outside of my recovery. It’s given me an awful lot of confidence coming to the group. I’ve undertaking other things that are helping my recovery you know whereas before coming to the group here I was in recovery, I had relapsed obviously but I was never really as proactive in my recovery and I would put it down to the support of the group and just being able to analyse myself in a different light so that’s how its helped me strongly.” Connor

“I think I began to look at myself because I drank from a very young age and in some ways I don’t really have a good idea of my own personality and it sort of helped me to accept not maybe try mask myself so much. ...Apart from the whole addiction thing I sort of went to look at who I am as person, not as an addict or an alcoholic.” Isolde

Some challenges members of the group commented on related to their own personal challenges, such as consistency regarding their commitment to recovery. A number of participant’s spoke again at this point about the absence of workshops and their felt lack of being challenged as a result of same.
“Commitments, keeping your commitment up and staying focused within that commitment you know. ..Putting the work in and not becoming complacent because when you are at home there are big breaks between here and being out there.” Tom

“We don’t have any challenges really. You know I say that in a, we’re not forced really to do a whole lot. We are asked to turn up here on Tuesday and Friday for 3 hours and participate in the group but that’s where the workshop stuff is missing that you do have to be more proactive. You do have to take stuff away, there is room for thought. You were more proactive, not just walking out of the gate of Coolmine and coming back on Friday morning you know what I mean. You had to come back with something, so you had to take time out of home. You had to take an hour out to do the bit of writing or whatever do what’s asked of you. That’s the benefits of the workshops you know.” Paul

Summary/Recommendations

Participants benefit from being supported in the case of a slip/relapse on alcohol. They also benefit from engaging in personal reflection and interpersonal skills development. As before, it is recommended to re-introduce relapse prevention type workshops.

Participants Suggestions

Participants were also asked for their opinions on whether they feel that any element of the programme should be changed or could be improved. The discussion in this regard centred on the issue of the growing group. Some members suggested splitting the group as they had heard from a staff member that this was a possibility; one person felt it was better to extend group times. The group commented on the dilemma of finding a solution to this matter. Whilst participants noted that not everyone was able to share in the present format of the group, they were also reluctant for the group to be split as they had ‘bonded together as a group’.

“Make it longer cause the group only gets bigger like. Rather than split it, why not make it 4 hours in the morning instead because I feel like splitting the group is not gone be worth it cause you’re not going to experience everyone’s story. You’re going to miss; you’re after making the companionship with people in the room. What’s the point in taking it away when the group is also starting to develop and people are coming out of their shelves?” Karen

“I think the way Alan was saying to me I think he is going to split the group on a Tuesday but the group will be together on the Friday for a check-in. I really think the group needs to be split, it really does at this stage cause he can’t give a person the attention that we used to get. We’re up to 17, 18 people in the group.” Paul

In the end one participant highlighted that any decisions in this regard were ‘ultimately’ depending on staffing resources.

“But then if we have to be practical we have to be practical and ultimately it’s down to what are the resources here in terms of personnel. You know, so that’s what it comes down to.” Imelda

Summary/Recommendations

Participants highlighted the issues associated with growing numbers and the perceived link to availability of group time for each member. Suggestions were made to split the group or to extend group time. A lack of staffing resources was commented on.

Discussion

The CATP is deemed a very beneficial and supportive programme by its members. Participants not only value the opportunity to engage in alcohol specific treatment but hugely rate the non-judgemental, supportive and safe environment in which they recover from alcohol addiction. Group cohesion, altruism and a sense of ownership of the group by its members is apparent. Access to the programme is seen as unproblematic and the process of assessment and entering the programme is described as sufficient and swift. The group programme offered to participants is considered greatly valuable in discussing ‘here and now’ issues, receiving feedback and hugely beneficial in regards to developing self awareness and interpersonal skills. Any one to one support received by members of the CATP was also described as very beneficial and complementary to the group work. Whilst as with any pilot programme there are some concerns in regards to clarity and consistency, it is anticipated that with clarification specific to programme capacity, programme length and the introduction of an aftercare group those issues will dissipate. Finally, whilst participants spoke highly of
the support they received from CTC staff they commented on a lack of staffing resources and the felt implications in relation to group work and one to one support. Growing interest and numbers on the CATP in the short space of time since its introduction are testament to the need of a community based alcohol specific treatment programme. It is hoped that in time more staffing resources can be allocated to facilitate what is clearly a hugely valuable programme for those recovering from alcohol addiction.

**Key Recommendations for CTC:**

- There were 26 participants in the CATP programme, 12 of these were self referrals with 5 of the participants coming from the Dublin 15 area. Other sources of referral were through public and private hospitals, other agencies and Coolmine services. The majority of participants came from all over the Dublin area with some from the surrounding counties of Meath, Kildare and Wicklow. One gentleman was supported through a medical detoxification by the nursing staff in CTC. The programme was developed to provide a high quality alcohol service for the local area with ease of access for those that could not commit to a full time or residential programme. We aim to refocus our efforts to address the local need in the Dublin 15 area and highlight our willingness and ability to safely and effectively support participants through a medical detoxification in collaboration with their General Practitioner. To achieve this, our nursing service will liaise with the local medical practitioners through verbal and written correspondence, inviting them to participate in the shared care of their patients with alcohol dependence issues. We will need one nurse available daily to oversee the detoxification safely, utilising the CIWA-Ar withdrawal scale and the CRA Happiness Scale. This is ongoing and subject to staffing availability.

- The programme structure of assessment, group work, workshops and one to one counselling sessions was well received. We will continue with this structure and have set a timeframe of 20 weeks in Continuing Care with Aftercare for a subsequent 28 weeks. One to one counselling will be limited to 12 sessions per participant. We are in the process of publishing leaflets to inform future participants and will relay this information through our Outreach service.

- To measure outcomes and programme impact we selected to utilise the ‘Readiness to Change’ (Heather, Nick and Honekopp, Johannes, 2008) scale. This proved problematic for many of the participants to understand and use. This may have been due to a timing issue; most of the participants had stopped drinking prior to assessment when the tool was being used. Having reviewed our measurement instruments we are going to introduce The CORE system (Barkham, Evans et al. 1998) this is used to provide a routine outcome measuring system for psychological therapies, and some areas of psychiatry. It can be used in groups and in one to one sessions. This will start in March 2015.

- We are aware of the need for a similar community alcohol service in the city centre through enquiries that we have received from individuals, hospitals and other agencies. This is also evident in the number of participants travelling from the Dublin and surrounding areas to Blanchardstown for the CATP. Currently Coolmine House have neither the staff nor room resources to establish a programme. We propose engagement with another agency like Care After Prison (CAP) and the Carmelite Centre to support this development. We hope to have a second programme in place in the city centre by December 2015.

- As the number of referrals increase we may need to consider commencing a pre-entry group to the alcohol programme. Early in the CATP we referred some participants into our general pre-entry service but it was perceived negatively as most of the alcohol participants felt that the service was not relevant to them with the focus being on illicit drug use. We had a total of 12 early leavers from the programme, this alcohol pre-entry group may also serve as an additional support for those struggling to maintain abstinence.

“I am grateful for this place you know, they don’t give up on you.” *Terry*

“I must say I wake up on a Tuesday and a Friday morning and I think, O its Coolmine day and I am happy.” *Bridget*

“I’ve had my ups and downs at the start but through all my peers here things have got better and better for me through the months and I’m a much better person today.” *Tom*

**Treacy Cagney  CTC Clinical Nurse Manager**

**Romy Paust CTC Psychotherapist/Research**

**January 2015**