Coolmine Therapeutic Community

Celebrating 50 Years of promoting recovery made communities

Anita Harris – Head of Services



Our Vision and belief

We believe that everyone should have the opportunity to overcome their addiction and to lead a fulfilled and productive life

Vision of Recovery- quality of life (QoL) rather than mere abstinence from drugs and alcohol

"Progression not perfection"

Rooted in TC- whole person, not the drug

Recovery requires treatment and attention to influences well beyond the substance



Coolmine Today

SERVICES LOCATIONS

Community & Day Services: © Coolmine House, Dublin 2 © D15 Community Addiction Team, Dublin 15 © Coolmine Mid-West, Mahon House, Limerick City © Coolmine Cork City North Hub, The Glen © Coolmine Cork City South Hub, Mary St © Coolmine East Cork Hub, Midleton © Coolmine West Cork Hub, Ahiohill, © Coolmine North Cork Hub, Spa Glen, Mallow © Coolmine Kerry Hub, Dochas House, Tralee

Women & Children's Residential Services: Ashleigh House, Dublin 15 Westbourne House

Men's Residential Services: © Coolmine Lodge

Administrative Office: 7 Ringwood Centre, Damastown, Dublin 15

Coolmine Services





Approach and model of Recovery

- Move from a system that was dominated by medical professionals/approach to a system that was
- Recovery orientated –
- Community Based
- ➢Peer Led
- ≻Self Help
- Co-ordinated and constructed for Long Term recovery
- Core belief that the users of the service are the solution to not only their own recovery but to their community members –
- Long Term wholistic treatment

COOLMINE OVERCOMING ADDICTION, SUPPORTING RECOVERY

Core Elements – Community as method

- There are 14 essential elements of a TC
- Today we will at 4 essential elements and how it relates to maximising internal and external resources that can be drawn upon to sustain recovery long term

Common Care Plan (All members of community must engage- internal resources)

- 1. Groups as the cornerstone of all therapy
- 2. Self Help
- 3. Peer Support
- 4. Structure Structured Daily Activities and Hierarchical Structure of Roles and responsibilities

Individual Care Plan

Case management – where clients needs are individualised according to need

Individual Care Plans and Keyworking

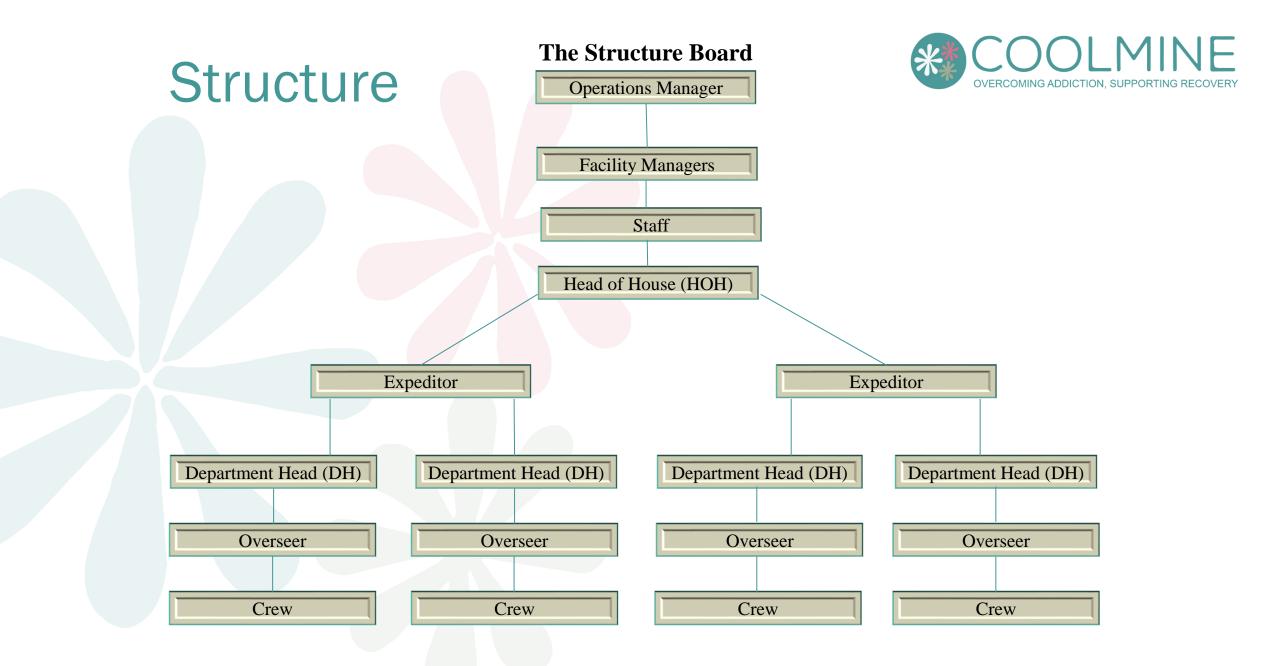
- Everyone has individual needs based on needs, goals and strengths identified at assessment: Colloborative Care Plans address:
- Physical and Social Capital to maximise a persons physical recovery and social capital on exit from the TC – housing, education, employment recovery support networks, family relationships, financial security
- Cultural capital Sense of belonging /connectedness Group/community memberships
- Human Capital Physical, mental and spiritual health, coping skills, interpersonal skills



Structured Environment – Community as metho Maximising internal resources

 Busy environment- deliberately constructed environment –integral part of the TC treatment and change process Aim –

>To manage negative thoughts and cravings > To use the community to learn new ways of living Self help and Self Discipline "Problem, method, solution" Responsible Love and concern for each other To become "part of" and how to work as part of a team ➢ Role Modelling





Hierarchical Structure

- Everyone has a role and responsibility in the community
- Move up through the structure on completion of each stage of treatment and in acc with their progression
- Role Modelling to junior members of their peer
- Delayed Gratification Cannot "jump structure"
- Displayed in communal areas all members aware of where they are
- Maximises cultural capital- Being part of opportunities to move up th estraucture



Daily Structured Activities

- Tight Structure
- People know what they are doing daily Safety and security
- Emotional Management- Group Time and On the Floor Time
- Parking Emotions/frustration until Group
- Effective running of the community On the Floor Time consists of Departments – Links into the groups
- Promotes personal responsibility



Daily Structure

Highly Structured Group Programme

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Groupwork as the cornerstone



- All members of the community attend
- Tool for which community members can openly discuss, process feelings, frustrations, hopes with themselves, with others
- Group Rules everyone must adhere to
- Concern Group Peer Led- where peer challenge each other on ineffective behaviours "behavioural change"
- Community Groups Staff and peer open to feedback
- Workshops Psychoeducational



Peer Support and Self Help

- TC'S Core belief that the users of the service are the solution to not only their own recovery but to their community members
- The Peer are responsible for the efficient running of the community on a day to day basis – exposure to stress and how they manage it
- Role Modelling helping others to change behaviours that are not helpful and reassessing their views about themselves and others
- Honesty, consistency and responsibility are the core concept here
- Identity Change people in recovery
- To maintain strong peer relationships- essential for long term recovery (RC)



Recovery Capital – The Evidence

- Evidence of Long Term Recovery
- Strong Recovery and TC Identity
- Evidence of attained Recovery assets drawn upon
- Employment rose from 3% at intake to **25%** after 24months- Education engagement from 2% to **17%** at 24-

Mopersons' overall well-being and satisfaction with life, a holistic approach, with attention for drugs users' lived experiences & expectations"

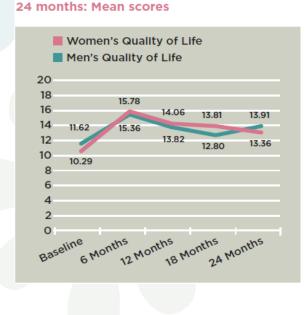
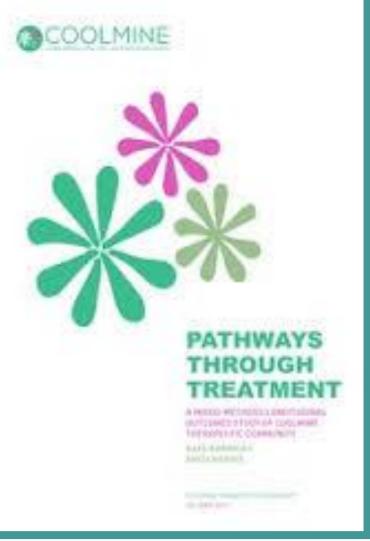


Figure 7: Self-perceived quality of life over



Conclusion

- Coolmine TC has evolved/modified and adapted its programme over the years
- However the essential components have remained unchanged-
- Essential that staff <u>understand</u> the method and their role in this peer led community
- Was a recovery community since its foundation aimed at maximising recovery capital for long term recovery





The Therapeutic Community Research and Practice

Edited by Carole Harvey, Ph.D., USW-S



Thank You !!