

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

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: Collaborative 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

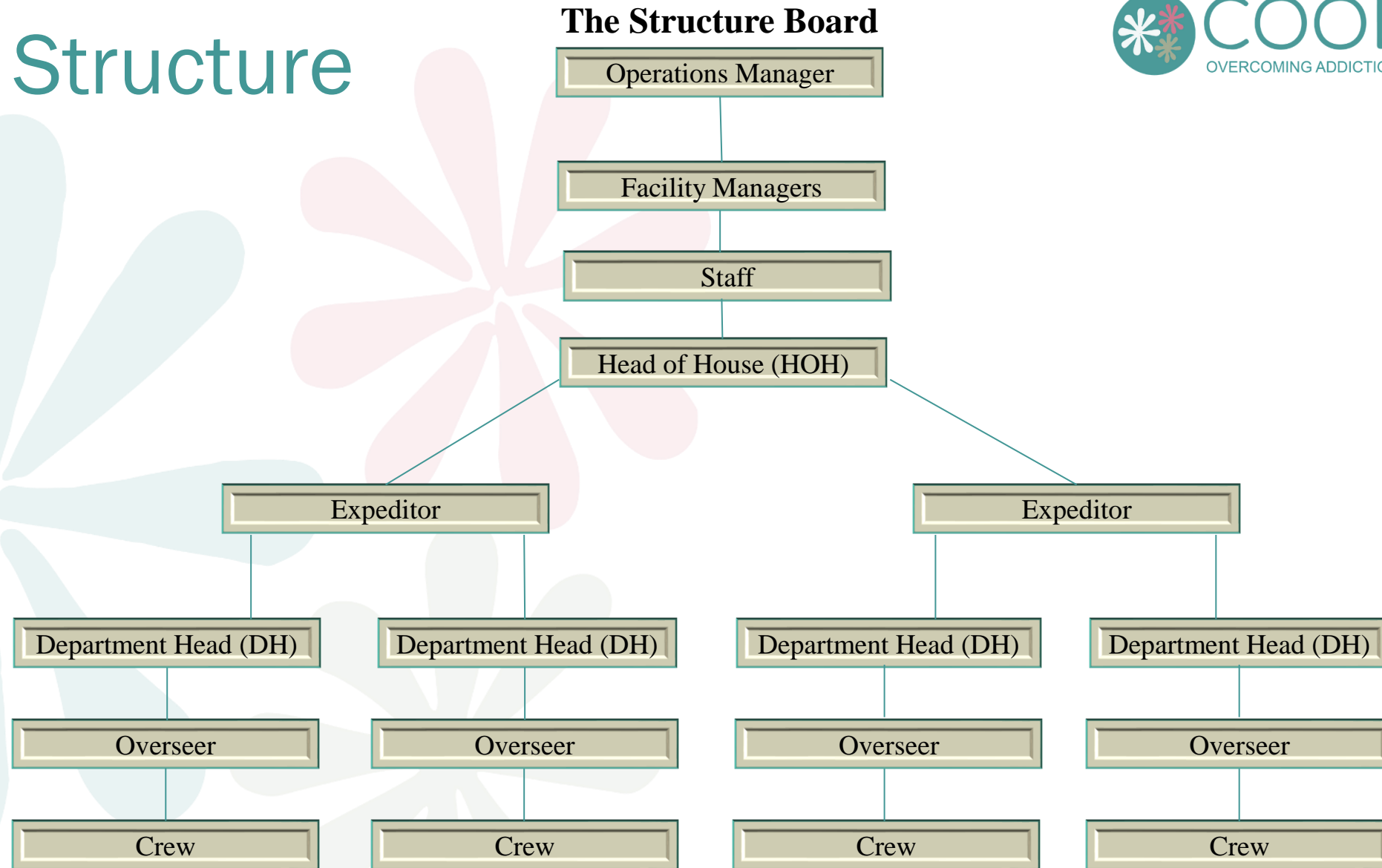
Structured Environment – Community as method Maximising internal resources

- 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

Structure



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 estructure

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

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7-00am	Wake up Call Room Tides	Wake up Call Room Tides	Wake up Call Room Tides	Wake up Call Room Tides	Wake up Call Room Tides
8.00am	Community Breakfast	Community Breakfast	Community Breakfast	Community Breakfast	Community Breakfast
8.30am	Medication	Medication	Medication	Medication	Medication
8.50am	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting
9-30am	Departments Head of House Handover Meeting Check in with Orientation	Departments Head of House Handover Meeting Check in with orientation	Departments Head of House Handover Meeting Check in with orientation	Departments Head of House Handover Meeting Check in with Orientation	Departments Head of House Handover Meeting Check in with Orientation
10.45am	Peer Evaluations	Peer Evaluations	Peer Evaluations	Peer Evaluations	Peer Evaluations
10-45am	Community Morning Snacks	Community Morning Snacks	Community Morning Snacks	Community Morning Snacks	Community Morning Snacks
11-15am 12.45pm	Concern GROUP	Community Group T	HORTICULTURE	Clan Group	APPLIED RELAPSE PREVENTION
1-00pm	Community Lunch	Community Lunch	Community Lunch	Community Lunch	Community Lunch
2.00pm-3.40pm	Open group	Workshop	Care Plan Appointments K	Workshop PW	Pro Social Activity UP
4-00pm	1:1 Chats	1:1 Chats	1:1 Chats	1:1 Chats	1:1 Chats
4-30pm	Head of House handover	Head of House handover	Head of House handover	Head of House handover	Head of House handover
5-00pm	Community Dinner	Community Dinner	Community Dinner	Community Dinner	Community Dinner

Groupwork as the cornerstone

- Structured Group Planning Facilitated by Staff and Senior Peer
- 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

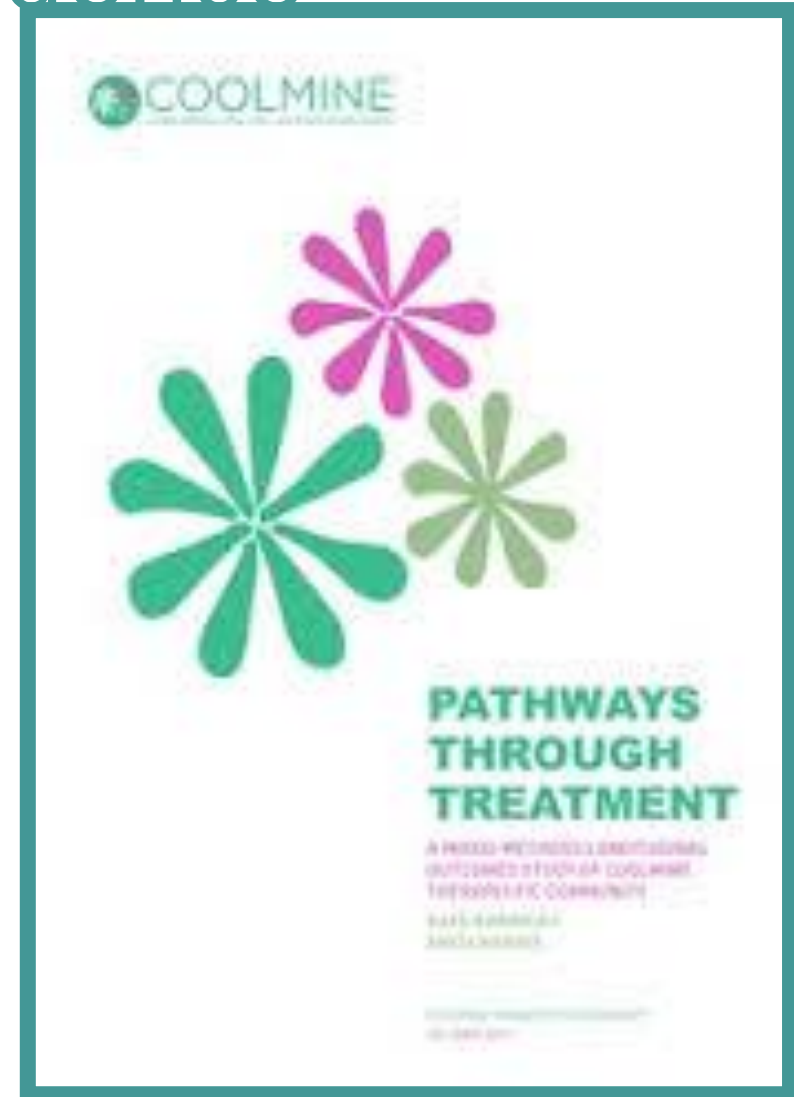
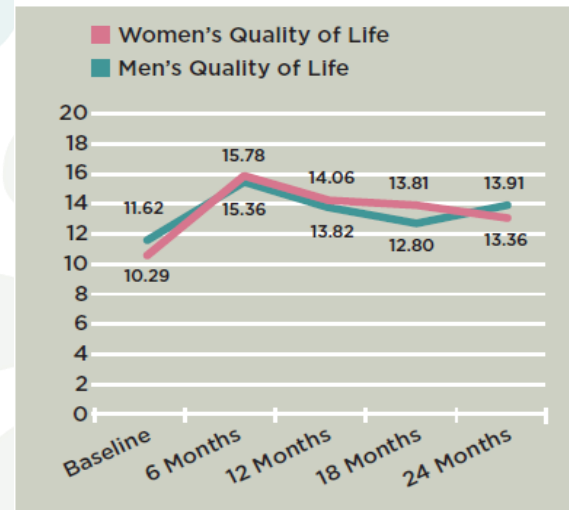
- TC'S Core belief that the users of the service are the solution to not only their own recovery but to their community members
- The Peer are responsible for the efficient running of the community on a day to day basis – exposure to stress and how they manage it
- Role Modelling – helping others to 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 24-months- Education engagement from 2% to **17%** at 24-

“persons’ 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 24 months: Mean scores



Conclusion

- Coolmine TC has evolved/modified and adapted its programme over the years
- However the essential components have remained unchanged-
- Essential that staff understand 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



Thank You !!

