

DOC 3.4: Introduction to the Good Practice Study

A good practice (GP) can be a lot of things, from an overall attitude to a single case management practice, and from a juridical disposition to a type of group meeting.

In short, it is a practice you observe when you visit an institution which seems of peculiar interest to you. It is not necessarily directly related to your learning objectives, but it appeals to your professional experience and you'd like to deepen your understanding of it.

Good practices is about analyzing and explaining why something works, why something is a success. Questions like “what are we good at?” and “Why does it work so well?”, are central elements in the analysis.

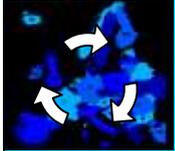
Typically, your study goes in three phases:

1. choose a good practice

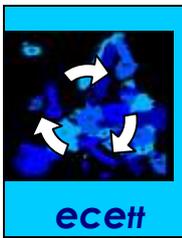
While visiting your host institution, **choose a good practice**, state its general objective, explain why you chose it, and select the eventual TC standards it is related to...

Name of the trainee: Krassimir Ivanov, Solidarnost, Bulgaria

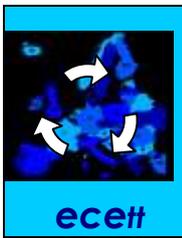
Name of the Good Practice (GP):	Work with clients with double diagnosis
Name of the Host Institution:	Day centre “Phenix”, Namur
Dates of the traineeship:	22 - 26. 10. 2007
General objective of the GP:	To meet the needs of this part of clients who have double diagnosis, which makes the treatment and rehabilitation process more complicated.
Topic to which the GP is related:	2. Services in the TC Network development in depends on client's needs of psychological and psychiatric intervention.
Reason for choosing the GP:	The treatment for double diagnosis clients is very specific and very important.
TC standards* related to the GP (Physical Environment):	<i>The internal and external physical environment is comfortable and welcoming</i> <i>The therapeutic community has the necessary environmental facilities and resources</i>

 ecett	Period of traineeship	1-week		
		Trainee	Host	Helpdesk
	Name of person	Elena Nikalova	Coolmine TC	
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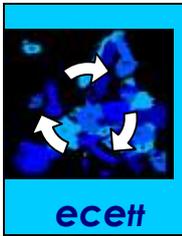
	<p><i>Client members' personal space is respected within the boundaries of creating a safe and secure environment</i></p> <p><i>All community members are involved in maintaining the physical environment</i></p>
<p>TC standards related to the GP (staff):</p>	<p><i>There are enough staff members for the community to operate effectively</i></p> <p><i>Vacant posts are filled as quickly as possible, ideally with suitably qualified and experienced candidates</i></p> <p><i>New community members are monitored by more experienced senior members for the first six months</i></p> <p><i>Staff and senior client members receive regular clinical supervision from a suitably trained person</i></p> <p><i>There are regular forums for all staff to reflect on their experience of the work</i></p> <p><i>Therapeutic community staff work effectively as a team</i></p> <p><i>Staff function in a manner that is consistent with the philosophy and practice of the TC</i></p> <p><i>There is an adequate budget for training relating to working in a therapeutic</i></p>

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	<p><i>community work</i></p> <p><i>Staff receive theoretical training appropriate to their role in the therapeutic community</i></p> <p><i>Staff receive clinical training appropriate to their role in the therapeutic community</i></p> <p><i>Staff receive experiential training appropriate to their role in the therapeutic community</i></p> <p><i>Appropriate methods are used to ensure the quality and effectiveness of staff training</i></p>
<p>TC standards related to the GP (Joining and Leaving):</p>	<p><i>Community members provide written material about the community which is informative for prospective client members, referrers and other relevant professionals</i></p> <p><i>Prospective client members are involved in the process of deciding whether they join the community</i></p> <p><i>There is a clear and written procedure for joining the community which is understood by all new members</i></p> <p><i>Community members share responsibility for helping new client members join the community</i></p>

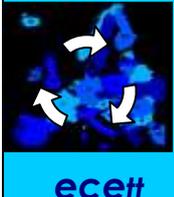
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	<p><i>All new client members agree and sign a contract upon arrival (HMP NDPDU and EFTC Standard)</i></p> <p><i>All client members are properly assessed for their therapeutic needs</i></p> <p><i>There is a written procedure for leaving the community, which includes those clients who leave prematurely</i></p> <p><i>Community members get involved in the process of helping the client member plan for leaving</i></p> <p><i>The community is involved in ensuring client members leave the community safely</i></p> <p><i>Community members are encouraged to maintain contact with the TC after leaving</i></p>
<p>TC standards related to the GP (Therapeutic Environment):</p>	<p><i>Community members treat one another with respect at all times</i></p> <p><i>The therapeutic community promotes a culture of openness</i></p> <p><i>The therapeutic community has a written complaints procedure known and understood by all members</i></p> <p><i>Client members are involved in the day-to-day running of the community</i></p> <p><i>Members are encouraged to put their thoughts and feelings into words rather than to act on them</i></p>

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	<p><i>All community members are involved in reviewing each others care and treatment</i></p> <p><i>The community maintains an illicit drug-free environment</i></p> <p><i>There is a regular process for the community to review the quality and effectiveness of the therapeutic community process</i></p>
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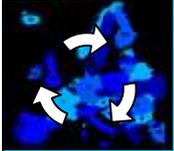
<p>TC standards related to the GP (Treatment Programme):</p>	<p><i>The community has a planned therapeutic programme</i></p> <p><i>There is a structured and consistent daily schedule of group activities</i></p> <p><i>All client members have a written care plan</i></p> <p><i>The community prepares members for independent living in the wider community</i></p> <p><i>The community has an explicitly structured hierarchy</i></p> <p><i>There are clearly defined privileges with a rationale and process for allocating them e.g. status advancement, more desirable living space</i></p> <p><i>There are clearly defined sanctions with a rationale and process for allocating them</i></p>
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	<p><i>e.g. status advancement, more desirable living space</i></p> <p><i>The community takes responsibility for improving and maintaining client members' physical health</i></p> <p><i>Where client members are offered a methadone treatment programme, there is a written policy</i></p>
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<p>TC standards related to the GP (External Relations):</p>	<p><i>The therapeutic community contributes to effective multidisciplinary and multi-agency working, between health, education, probation services, social services and voluntary organisations</i></p> <p><i>Members of the community regularly meet with managers of the employing organisation</i></p> <p><i>Managers and/or the employing organisation support research about therapeutic communities</i></p> <p><i>The community is part of a research network</i></p>
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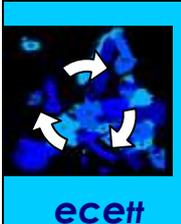
* the *Service Standards for Addiction Therapeutic Communities* (Communities of Communities, 2006) are widely recognised standards for good practices in TC. You can download them in this GP module. Have a look at them and select those related to your GP.

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2. describe your good practice

Then, *describe the good practice* you observed. Try to do this in cooperation with your host coordinator.

Description of the GP (+/- 500 words):	There is a program about clients with double diagnosis. The main goal is to guarantee the effectiveness of the treatment. The client has a medication about his/her psychiatric condition and that give his/her opportunity to work in the program. The medication is under doctor control. It is very important how the client does ménage his/her life out of group.
Type of target group:	Drug addicted people with double diagnosis
Description of target group:	Clients with double diagnosis. Specific for this target group is that the individual takes drugs instead pills, like self medication. And the person form addiction.
Means:	The clients have a legal treatment of their psychiatric disorders and to have professional help.
Skills involved for the staff:	<ul style="list-style-type: none"> - general knowledge about influence of drugs to brain functions; - general knowledge about different psychotic disorders; - skills for working individually and for group work with clients with double diagnosis.
Resources (Human, tools, financial...):	Network: psychiatrist, social services, work with client's families, individual treatment strategy in depends of concrete needs.
Notes:	-----
Hypothesis/risks:	There is a risk of rejection treatment.

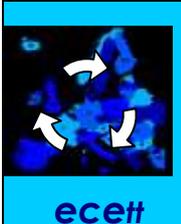
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	Treatment can be rejected by the client.
Comparison with own practice (+/- 200 words):	I have not had a practice with double diagnosis clients.

3. Critical analysis of the good practice

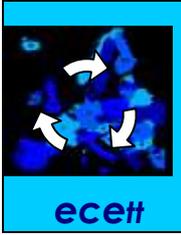
And finally, still together with your host coordinator, *make a critical analysis of the good practice, considering the following:*

Why is this a Good Practice? (+/- 200 words):	I think it is a good practice, because the treatment plan is specify to the needs of the every particular client. Network development.
Is the GP achievable?:	Yes, it is achievable.
Is it realistic?:	Yes, if the work combine psychological, psychiatric and social work.
Is it critical to the quality of the TC?:	I am not sure.
What are the benefits?:	Work with drug addicted people with double diagnosis who are the part of the programme of Phenix. This work influences the rehabilitation process of the clients with dual diagnosis.
Is there 1 path or more paths?:	There is very structured way to work with the clients. I think the way of working I saw in the Day Center “Phenix” is very good.
Is it understandable?:	Yes, it is understandable. Every therapeutic unit has a responsibility to a different level of the treatment process.
Is it measurable?:	Yes. It is measurable.
Is it adaptable to a range of settings?:	This practice can be synchronizing to the other practices. The main characteristic is network development.
Would the implementation of	Yes, because it will be develop a network

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this GP in your institution be desirable and why?	from different institutions and because this practice is efficient and can increase treatment capacity of the program I work in.
Could you suggest a link about the GP?:	Yes.
Do you have a picture describing the GP?:	-----
Do you have another picture describing the GP?:	-----

At last, you will have produced one complete good practice study. To be recognized as an ECETT good practice it will have to be assessed by a Jury of ECETT Tutors (May 2008).

	Period of traineeship		Host institution + place	
		Trainee	Host	Helpdesk
	Name of person			
	Mobile phone			
	Email			