Therapeutic Community for Personality Disorders
– an Asian Experience

Samuel Cheng
Is there a role for Therapeutic Communities in Mental Healthcare in Asia?
The Challenge of Treating Personality Disorders

Despite advances in neuroscience and psychopharmacology, the treatment of PD’s still remains a challenge.

Medication is adjunctive.

Recent decades – development of specific therapies for BPD eg. TFP, DBT, MBT

Improve coping, but may not change underlying personality structure.

TFP only therapy shown to change attachment style based on the AAI.
Problem with PD’s

Heterogeneity within each PD category in the DSM - can they fit into manualised one-size-fit-all approach?
Furthermore, even with effective therapy, treatment is often intensive and long term – taxing on manpower.
Result in treatment teams having low expectation of change (especially for more severe PD’s) - just accept them as “revolving-door” patients & hope they will mellow with age.
Changi General Hospital

Serves the Eastern sector of Singapore

1000+ beds

Dept of Psychological Medicine
- 15 Psychiatrists
- 14 Psychologists

Psychodynamic Team
- 7-8 therapists + 2-4 residents in training
Fair share of patients with PD.

Same challenges:
- More severe PD’s – minimal improvement
- Revolving door
- Lack of sufficient therapists → Wait list
- Cost effectiveness
CGH Journey

We see the need for groups:
To address issues of cost effectiveness & wait list
To tap the intrinsic power of groups
To help patients in individual therapy who have gained insight but need a safe place to ‘test’ them in relationships.

Attempted various group models:
Psycho-education Groups
Psychodynamic Groups
CGH Journey

Psycho-education Groups
Difficult to engage; fluctuating commitment & attendance
Noticed patients like the support/sharing time
Also the attachment of patients to their therapists
Asian Group Culture?

Psychodynamic Groups
Patients like these groups.
Problem with non-directiveness & boundaries
An issue with Asian/Singaporean patients?
(later we were to discover that non-directive process groups work when patients are eased into it and when they are nested within a structured program.)
CGH Journey

From these experiences, we were convinced of the need to tap on group relationships in treatment. So we embarked on looking for a group model that works for personality disordered patients in our setting.

Secured funding for further training (HMDP). Through series of serendipitous events, we connected with Rex Haigh in the UK.

Staff members went on to do an attachment in the UK in two Therapeutic Communities.
Welcome to Oxford Health Complex Needs Service

Oxford Health NHS
NHS Foundation Trust
Complex Needs Service

Therapeutic services for people with personality disorders and other complex mental health difficulties
CGH Journey

Returned from the UK in mid-2014.
Assembled staff team in early 2015.
Started Options Group in mid 2015.
The Program has been evolving since then as CGH Complex Needs Service.
What's a Therapeutic Community?
Range of Meaning

(Kennard, 1998)

1. Therapeutic Community Approach
   - The transformation of asylum-type hospitals into humane caring institutions.
   - Staff seeks to create an atmosphere where residents are encouraged to take responsibility and initiative.
Range of Meaning

(Kennard, 1998)

2. Concept-based Therapeutic Community

- Small communities in which staff & residents/patients form a continuous chain of command
- Treat drug addicts & offenders
Range of Meaning

(Kennard, 1998)

3. Alternative Asylum/Anti-Psychiatry Communities

- Dissatisfaction with conventional psychiatry
- Concern with social, moral &/or spiritual aspects of mental health/emotional distress
Range of Meaning

(Kennard, 1998)

4. Therapeutic Community Proper

- Small, cohesive communities where therapeutic decisions and functions are shared by the whole community
- Egalitarian – differences between staff and patients are reduced (not abandoned)
- "Democratic" TC
- In UK – deal with PD’s & social maladjustment
Common Attributes

(Kennard, 1998)

An informal and Communal Atmosphere
Group Meetings are central in the Programme*
The Therapeutic Role of Patients
Sharing the work & authority
Values and Beliefs*
Group Meetings

1. Sharing of Information
2. Building sense of cohesion & togetherness
3. Make open the process of decision making
4. Provide a forum for feedback
5. A platform for the group members to influence one another
Values & Beliefs

An individual’s difficulties are mostly in relation with other people. (Clark 1965)

Therapy is essentially a learning process.

Recognition of the basic equality of all members (including psychological equality between patients and staff).
The Living Learning Situation

• Term coined by Maxwell Jones

“…face to face confrontation and joint analysis of the current interpersonal difficulty. Each individual is helped to become more aware of the thinking and feeling of the others …. frequent exposure to situations of this kind if handled skilfully can contribute to personal growth and maturation.”
Culture of Enquiry

(Tom Main, 1977)

“...whole institution (the TC) should become therapeutic... (adopting) a culture of enquiry... to examine, understand and perhaps resolve the tensions and defensive use of roles which are inevitable...”
Quintessence of TC

(Haigh, 1999 & 2013)

1. Attachment – Belonging
2. Containment – Emotional Safety & Relational Security
3. Communication – Openness & Enquiry
4. Inclusion – Involvement
5. Agency - Empowerment
The community with its culture and web of relationships is in itself therapeutic.
Cf. common factors in individual therapy

Eg. Therapeutic relationship
Authenticity of therapist

We want to tap on common group factors as we work with patients to shape the emerging culture of the community.

Some of the principles presented are ideals - we cannot pretend we have encapsulated them all. But they guide us in shaping the culture of our community.
Community Structure

The CGH Model
CGH Model

TC Proper or “Democratic TC”.
Guided by the theoretical ideas & ideals.
Organization influenced by what we observe in the Oxford TC.

The 2-tier approach:
   The Options Group
   The TC Proper

Advantages:
   Patients are given opportunity to explore group involvement & decide on their commitment with minimal disruption to more intensive work in the TC.
Complex Needs Service

The CGH TC is embedded in our Complex Needs “Service”.

Target Patient Population:
- moderately severe PD’s (not psychopathic)
- complex PTSD
- chronic non-organic, non-psychotic psychiatric disorder

Impaired psychosocial functioning resulting from interpersonal &/or personality issues.
Complex Needs Service

1. Assessment
2. Individual Therapy
3. Psychoeducation Group
4. Options Group (OG)
5. Therapeutic Community (TC Proper)
6. Support Group

The TC refers to OG & TC Proper. Together they provide a 2-tier approach for engaging patients in the group process.
Options Group

The Options Group (OG) is a structured preparatory group aimed at preparing patients for participation in the main TC. However, it is therapeutic in itself, and many patients benefit from it without proceeding to TC.
Options Group

Differs from PsyEd groups in that OG is ongoing and allows for more interaction - a foretaste of working with fellow patients in a group setting. Meets weekly for 2.5 hours.

Program includes:

- PsyEd
- Art Therapy
- Reflective activities & games
- Large Process Group

Trial period of 1 month, and the expected to commit for a period of 12-18 months.
Therapeutic Community

Weekly outpatient group.
Each session lasts 2 hrs.
Programme is structured and includes:
  – Expressive Therapy/Psychodrama
  – Small Process Groups
  – 12-step work
Therapeutic Community

Patients who may join the TC after a minimum of 6 months in the OG.

Progress to the TC is not automatic and is dependent on the patient’s readiness - determined by a review with the staff and a case presentation to the community.

They are expected to commit for 18 – 24 months.

Both OG & TC members abide by a Group Agreement which safeguards healthy relating within and without the group.
Complex Needs Service

Referral → Assessment

PsyED → Leave Service

OG → Therapeutic Community

Ind Tx → Support Group
Therapeutic Community

Expressions of Its Quintessence
Quintessence of TC

(Haigh, 1999 & 2013)

1. Attachment – Belonging
2. Containment – Emotional Safety & Relational Security
3. Communication – Openness & Enquiry
4. Inclusion – Involvement
5. Agency - Empowerment
Culture of *Belonging*

**Elements in Program:**

Joining Process – interview with staff; explanation of journey.

Welcome & invitation to engage by fellow patients from 1st entry into OG.

Close relationships within group; shared struggles

Birthdays & other occasions (Christmas Party) – initiated by fellow patients.
Culture of *Emotional Safety & Relational Security*

Elements in Program:
- Boundaries & Confidentiality
- Guidelines in Handbook
- Regular Program
- Timekeeping – regular yet flexible
- Non judgmental discussions
- Tolerance
- Ending every session with support time.
Communication

Culture of *Openness & Enquiry*

**Elements in Program:**
- Invitation (without pressure) to talk freely.
- Events and interactions open to analysis & reflection.
- Empathic feedback on behaviour and non-verbal communications.
- Curiosity about one another’s feelings and inner states prompting reflection & expression.
- Self expression via Art (“Me Time”), Psychodrama & other creative therapies.
Inclusion

Culture of *Involvement & Living Learning*

**Elements in Program:**

“Everything is part of therapy.”

Games, fun, humour & playfulness.

Participation in planning and running various activities.

“Duty Roster”

Flattening of hierarchy without loss of roles.

Giving patients a “voice”.

MBTI – discovering and accepting differences in temperament
Video
Agency

Culture of **Personal Responsibility & Empowerment**

**Elements in Program:**
- Voting & giving feedback
- Roles in weekly activities
- Personal reflection & expression (“Me Time”)
- Personal responsibility in accepting & responding to feedback
- MBTI
The success of the TC is dependent chiefly not on the program and techniques used, but on the establishment of a therapeutic culture that reflects consistent values and attitudes towards life, self and others.

Once established, patients will gradually imbibe these values & attitudes.

We get patients to reflect monthly on:
- How values are upheld in the community
- How they are practising these values in the group & outside the group
Safe Relationships and Supportive Environment to facilitate growth

- Autonomy
- Attachment & Connectedness
- Authenticity
- Worth of Every Individual
- Reflective Participation
- Acceptance
- Attunement & Empathy
- Responsibility
- Empathy
Therapeutic Factors in TC

In the TC culture, patients “grow” through:

1. Belongingness
2. Social Learning
3. Promotion of Responsible Agency
4. Narrative Development
It takes a whole village to raise a child.

African Proverb (Akan)
It takes a **Community** to heal **shattered selves**.
Is there a role for Therapeutic Communities in Mental Healthcare in Asia?